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ORIGINAL ARTICLES.

DIABETES MELLITUS, WITH REPORT OF TWO CASES.*

GEO. F. BATES, A. M., M. D.,† HILLSBORO, N. D.

In entering upon a discussion of the above subject, I am aware that in all probability, I shall have nothing new to offer as regards either etiology, pathology or the treatment of the disease. However, in bringing out the history of two of my cases, I think the majority of physicians will find *symptoms* which will prove as new and interesting to them as they have to me.

I pass rapidly over the causes of this disease. Theoretically, it has been traced to derangements of various organs; in fact, there is hardly an important organ in the body which has not at some time or other been accused of being the seat of changes, which either directly or indirectly, have laid the foundation for the disease known as diabetes. It is a disease of whose very nature we are ignorant. Are not the great majority of autopsies from which our data are collected, held upon bodies of those who were in the shadow of death before their disease was recognized and treated?

Has the morbid anatomy of the liver, the medulla, the pancreas or the kidneys, ever been studied at the time when sugar first appeared in the urine? What physician, as a rule, ever sees these cases in their incipency? Who shall say, therefore, which of all these morbid changes described to-day in our textbooks, are the causes and which the results of

this disease? It appears from quite an extended research that most authorities concur in the opinion that derangement (either functional or organic) of one or all of the above mentioned organs is an important factor in the causation of diabetes—this *bête noir* of the profession. Much has been said in favor of each theory and nothing decisive in favor of any. So we are at liberty to go over the field and choose for ourselves which theory we will adopt.

I long ago chose to accept the theory of its nervous origin, and I have not done this from any extended pathological investigations, but from a careful observation of the effects of different drugs upon the disease itself. It is true that we often, yes usually, find functional and organic changes in some of the other organs, such as the liver, pancreas, lungs and kidneys, but all of these are easily explained as being *results* of deranged innervation, not *causes* of the disease in question. So in the treatment we are compelled usually to employ remedies directed to the relief of these conditions as *adjuvants* merely to the main line of treatment, which I claim to be the exhibition of nervous tonics or sedatives according to the indications in each particular case.

Pathologically considered, the disease presents no constant lesions. We find the liver sometimes enlarged and fatty, sometimes small and cirrhotic. The pancreas occasionally is fibroid and cirrhotic, sometimes fatty, and frequently perfectly nor-

*Read before North Dakota Med. Association, 1893.

†Late Professor of Materia Medica and Therapeutics, College of Physicians and Surgeons, Minneapolis, Minn.

mal. The nervous system, both sympathetic and cerebro-spinal, presents some lesion or other almost invariably; sometimes a tumor, sometimes a sclerosis, often cysts, and in some cases we find a well defined neuritis. The lungs and kidneys also present various changes, but nothing which may be said to have a causative relation to the disease.

A few words now in regard to the symptomatology of diabetes. As a rule, I think, the younger members of the profession are apt to be deceived by the usual picture of the disease as given in our standard medical works. It is described as a nutritive disorder, attended by an excretion of sugar in the urine, which is usually increased in quantity. They inform us that we are to look for something similar to the following: Intense thirst, accompanied by the excretion of immense quantities of saccharine urine, the amount of this urine bearing some definite ratio to the quantity of water ingested; rapidly progressive emaciation; a voracious appetite, sometimes amounting to polyphagia; gums red and swollen; teeth loosened; aphthous stomatitis; urine sweet to taste (who of you have tried this test?); and a host of other distressing symptoms gradually ending in coma and death. Now let me ask if this is a fair picture of the majority of the diabetic cases which are met in actual practice? If so, such experience differs from mine. It is true we have all seen cases which answered fully this description, even worse, but I ask candidly if the above picture is not that of the patient who has for years wandered from one physician to another, being treated for this and for that, first for the stomach, then for the liver, next for the kidneys, and so on until finally he has come into our hands at an incurable stage of the disease. All, perhaps, because a thorough and a careful analysis of the urine had been omitted at the outset.

Our authorities tell us but little about the early symptoms of the disease, so the young practitioner is taught to consider the above a typical picture of the diabetic patient. It is for this type of the disease, then, that he is expected to give his immense doses of opium, morphia, codeia, and so forth. Diabetes is usually classed among the incurable diseases, and even as great an authority as Osler says: "Personally I have never seen recovery from a

case of true diabetes." This is from a man who has had wide experience both in hospital and private practice. Still with all due respect to the experience of Prof. Osler and others high in authority, I must believe that this opinion is founded upon an examination of cases, the majority of which must have been in the advanced stages of the disease.

As evidence of the curability of diabetes when recognized in its incipient stage, I will give briefly the history of two of my recent cases. Remember, I do not claim anything new or original in my method of treatment, nor will I say positively that *all* the symptoms I observed were caused by this diabetic tendency; but if I have made an error in my diagnosis I wish to be shown it, as it is but poor satisfaction to rightly treat a wrong disease.

However, the cases were, after a thorough investigation, diagnosed to be diabetic in their nature, and were treated as diabetic, and both have recovered. There is an old saying, "the treatment of ten establishes the diagnosis," so, in these cases the treatment, if nothing else would tend to confirm my judgment.

CASE I. Mrs. T., aged twenty-nine years, came under observation in October of 1892. Consulted me principally for the relief of indigestion and headache. I found her fairly well nourished, but very anæmic, with furred tongue, nausea, marked anorexia, constipation, and liver somewhat enlarged and tender. On inquiry I learned that she had been under treatment nearly all of the previous winter and summer for what she termed "stomach trouble," but no appreciable change in her condition except for the worse. Up to the time of consulting me, no examination of the urine had ever been made, and let me suggest here that this is an omission we should never be guilty of. It seems to me that no diagnosis should be made in doubtful cases, or treatment entered upon, until a careful urinary examination has been made. It is a matter which is too often neglected in the hurry of practice, but which if carefully attended to, would clear up many of our previously obscure cases.

The obstinacy of her "stomach trouble" at once directed my attention to the kidneys, and this is what I found. She thought possibly there was a slight increase in the amount of water as she had

to rise at night often. Complained of a slight pain in the region of the kidneys, and also that she suffered from pruritus vulvæ somewhat. On October 19th I examined her urine and found the following: "Specific gravity, 1038; reaction strongly acid; color, a light amber; quantity for twenty-four hours, five pints; an excess of urea, no albumin; but of sugar a trifle over one per cent. To be more certain, I examined the urine every day for a week, meanwhile giving a placebo, and each time I found practically the same condition. Each time I employed three tests: first using the bismuth test, next Bartley's cannine-indigo and sodii carbonate powders, and lastly corroborated these with the old standby, Fehling's Solution, thereby eliminating all possibility of error. At the end of the week I began with the following:

R	Strychine sulph.....	gr. i
	Podophyllin.....	gr. viii.
	Codeia sulph.....	gr. xx.
	Papoid.....	gr. xxv.
	M. et ft. capsul, No. XL.	

Sig. One after each meal.

You see there is nothing new or original about the prescription. I gave the strychnine and codeia for their well-known effects upon the nervous system, the derangement of which I think to be the chief cause of diabetes, and merely added the other ingredients to try and correct the condition of the stomach and liver the more rapidly. I do not know how the codeia acts in helping to control the disease, but I gave it as being the recognized treatment, and it undoubtedly has some special controlling influence over it. Be that as it may, my patient began to improve from the first under this treatment combined with a strict diet. Sweets and starchy foods of all kinds were forbidden. Gluten flour was substituted in place of ordinary flour. I saw her from time to time for examination each week. Her general condition improved rapidly, her strength returned, the quantity of sugar diminished gradually, the stomach and bowels regained their tone, the pruritus disappeared, the amount of urine lessened steadily, and night calls for micturition ceased entirely. This treatment was continued with gradually increasing doses of codeia and strychnine, until one-twelfth grain of the latter and two grains of the former were given three times a day, while the podophyllin was gradually withdrawn, as the liver re-

sumed its normal functions. My examination of the urine the first of February, 1893, showed the specific gravity 1022; reaction slightly acid, color somewhat deeper, quantity for twenty-four hours two and one-half pints, urea normal, no albumin, no sugar. She at this time appeared and felt perfectly well, with the exception that the anæmia still persisted. I then put her on Bland's pills after meals, with a bitter tonic before. Under this treatment she rapidly regained her color, and at this writing she is apparently as well and healthy as ever in her life. I have examined the urine occasionally since then, but no trace of sugar has ever appeared. I have advised the husband to have her water examined at intervals for a year or more, and I think if ever sugar should reappear, that prompt treatment would be as satisfactory as before.

CASE II.—Mr. S, aged thirty-eight years. The description of this case will not detain you long, as the treatment was identical with that of the previous case, with this exception that the strychnine was more rapidly pushed and the maximum dose (one-twelfth of a grain), was kept for a while by itself after all sugar had disappeared from the urine. This patient was a strong, robust, looking man and weighed one hundred and seventy-six pounds. He was well to do, was a good liver, had outdoor occupation, digestion good, bowels regular and was to all appearances a perfectly healthy man. He consulted me for the following symptoms: For several years he had noticed a growing weakness of his eyes, as he called it; could not confine his gaze to any one object for more than a few moments at a time; he had also noticed that sexual connection had quite a marked effect upon his eyes, claiming that for twenty-four hours or so after having sexual intercourse his eyes bothered him much worse than at any other time. He described the sensation as not an actual pain, but as more of a shrinking from light or bright objects.

He showed me in addition an oval ulcer on the edge of his tongue which had bothered him more or less for several years. He complained of a slight pain across the kidneys and about the loins, increased by riding. His kidneys acted rather freely, but he was never troubled at night. He informed me that he had his eyes examined in different cities, both in

the west and in the east by competent oculists, and he had been fitted with glasses by several but no relief of this condition. At the time of his visit to me he was wearing glasses adapted to hyperopic astigmatism. The right lens $+50 +90^\circ$, the left was $+25$. He had also consulted several physicians relative to the ulcer on his tongue, and they had prescribed numerous local applications without any results. It was this last symptom, this sore tongue, which turned my attention toward the urine, as I have always made it a rule to examine the urine in all cases of obstinate sore mouth, and have several times been rewarded with finding there traces of sugar. The next day I examined his urine, and found as nearly the classical diabetic urine as ever I expect to see. Specific gravity 1040; reaction acid; one gallon passed in twenty-four hours; slight trace of albumin; urea increased; and lastly nearly two per cent of sugar. I submitted the urine repeatedly to the same tests as mentioned in the previous case, always with the same result, and afterwards during the treatment it was examined every ten days. He was put upon practically the same treatment as described in my first case, with the result that he soon began to improve in every respect. The sugar gradually diminished in quantity, finally at the end of about four months disappearing entirely; the specific

gravity at this time showed 1024; the ulcer on the tongue healed completely without a particle of local treatment; his eyes gradually grew stronger and sexual intercourse ceased to have nearly the effect upon his vision as formerly, although this symptom has never wholly yielded.

As soon as the sugar disappeared from his urine, I discontinued the codeia, and gave him simply strychnia and quinine in doses of one-twelfth grain and one grain respectively, advising him to continue their use for several months longer. I have since examined his water from time to time and have invariably found sugar absent and his condition remaining good, with eye sight still improving under the use of the strychnia. At the time of writing this paper he informs me the improvement still continues, and it has been over a year since the codeia was dropped.

The symptoms of this last case are not such as are generally enumerated among those of diabetes, but if this disease was not the cause behind them, why should recognized diabetic treatment have such a marked influence in relieving them? I do not claim that sexual intercourse affecting the eyes is a symptom peculiar to diabetes, but I do not think that this disease was the direct cause of weakening the eyes so that this reflex ocular neurosis was more readily caused by sexual excitement.

CONGRATULATORY ADDRESS.

THEOPHILUS PARVIN, M. D., PHILADELPHIA.

It is a pleasure to participate in these exercises. It is an honor to address this audience. But honor and pleasure are added in the duty of congratulating the Columbia District Medical Society upon its Seventy-fifth Anniversary.

The society was born in 1819! That was the birth-year of England's Queen, Victoria, and unto you, not by accident or by hereditary right, but by achievement, belongs the name of victory. Ten years earlier than the birth of this society was that of England's great Prime Minister, Gladstone. So too, in 1809, England's greatest poetess, Elizabeth Barrett, was born. That same year gave our country one who was destined to be among

the wisest and most patriotic of Presidents, Abraham Lincoln. It was the natal year, too, of one who, entering the medical profession, did more by his contributions to a medical journal half a century ago, to avert "a private pestilence" from mother and her new-born, than all the obstetrics in the country; who for many years was an eminent teacher in Harvard, and still more distinguished for his contributions to literature, so that his name is honored wherever the English language is spoken—Oliver Wendell Holmes. Your organization is ten years younger than he who guides the destinies of one of the world's greatest empires—ten years younger, too, than he who is one

of the best and most honored of the world's teachers, and who, by his recent lines upon Francis Parkman, has proved that his mind is not clouded or his heart chilled in his ninth decade.

Yet seventy-five years is a long time in the history of a society in this nation, that only a short time since celebrated the centennial of the adoption of its constitution. The College of Physicians of Philadelphia is but thirty-two years older. The number of its active Fellows is 281, and since its organization these have been 586. Its chief pride is in its library, now numbering almost fifty thousand volumes, and its annually published Transactions. You have had 564 members, and now have 214. In view of such facts one must question the truth of Addison's remark, "We may lay it down as a maxim that when a nation abounds in physicians, it grows thin of people." I am quite sure that I echo the sentiment of every Fellow of the college in hearty congratulation for what you have accomplished, and in bidding you God-speed.

But for the moment I must speak, not for one, but for all the medical organizations invited to participate in this commemoration, in their name bearing meed of praise, and bringing new laurels to crown you this festal night. Nay, more, I imagine there comes from the entire profession of this country, from Maine to Texas, from Massachusetts to California, borne hither from either ocean, sweeping over mountain and valley, over city and hamlet, over prairie and forest, lake and river, harmonious and enthusiastic plaudits.

Every student of American medical literature knows well how many valuable contributions have come from members of this society, come, most of them, probably because of its existence. Washington men have been the authors of several medical text-books; among the more recent, one upon *materia medica*, the other upon obstetrics, have received deserved fame and position. Among the men who have helped me in the special department of medicine, which for years has almost exclusively engaged my attention, several of the Washington profession, some living, others dead, are included.

Thrice the great National medical organization of this country, the American Medical Association has chosen its president from the members of this society—

these were in order, Lindsley, Toner and Garnett; minor positions in the association are every year assigned to Washington men.

It is hardly expected that I should speak of the more eminent dead of your number, among these; Noble Young, the Mays, Bohrer, Thomas Miller, Sewall, W. P. Johnston, Stone and James C. Hall. Of the last in this list permit me a word. I am informed that he attended more eminent men than any physician ever living in this country. At one time in his very active life he was the physician of every Judge of the United States Supreme Court, almost every Senator, many Representatives, the President and his Cabinet, and of nearly every Foreign Embassy. He was not only a great and successful practitioner but a true philanthropist, relieving distress kindly, liberally, unostentatiously. In doing alms he obeyed the Divine injunction, "Let not thy left hand know what thy right hand doeth." We may call him and his compeers,

"The kings of ancient days,
The mighty dead, who live in endless praise."

Pardon me if, prompted by many years of personal friendship, I refer by name to two of the living members of the Society in words of loving, and, I believe, just, praise. You, Dr. Busey, have recognized through your many years of busy life, that you were "a debtor to your profession," and honorably and well have you discharged that debt by contributions of sterling value to its literature, and by always seeking its interests possibly sometimes at the sacrifice of your own, but even then, and thus helping others to believe that, as Renan has said, the noblest thing in life is sacrifice: In view of your life and work, permit a layman to repeat a Pagan prayer, first uttered nearly three thousand years ago—may it prove prophecy as well as prayer:

"So peaceful shalt thou end thy blissful days,
And steal thyself from life by slow decays;
Unknown to pain in age resign thy breath,
When late stern Neptune points the shaft with death;
To the dark grave retiring as to rest,
Thy people blessing, by thy people bless'd."

One whose genial manners, generous heart and kindly deeds have endeared him to all who know him; one who has made for himself a name in the profession by important historical researches, and by

his large and valuable collection of medical works donated to the public,* has taken no step to perpetuate his name by descendants, unlike the first May, whose son became a physician, and whose son's son is now treading in the footsteps of illustrious father and grandfather. But let us find comfort in the words of Bacon: "Certainly the best works, and of greatest merit for the public, have proceeded from the unmarried or childless men, which both in affections and means have married and endowed the public." Married and endowed the public! None forbade the banns, when this member of your Society, not letting his "thoughts end with himself," and not "accounting future times impertinencies," married and endowed the public. Though Dr. Toner has never "given hostages to society," may he long be spared to contribute to public and professional interests, still wearing his favorite flower, a bachelor's button!

How Washington has changed since your professional progenitors instituted this Society. A town of 12,000 is now a city of more than a quarter of a million. I have read that not long before 1819, congressmen had difficulty in finding lodgings, and that the wife of the President at one time, used the audience room of the White House as a place for drying clothes. One can believe that now it is difficult for many lodgings to find congressmen, and, as to location for drying White House washing, that if Mrs. Cleveland were to do as Mrs. Adams did, there would be a social, if not a political convulsion, and a very uncivil war. There have been great changes here and elsewhere since 1819, changes affecting material comfort, changes in manners, customs and external observances of society. But all departures from the old are not necessarily improvements, and all reformations are not inevitably reformations; changes may be external, superficial, and not involving essential character and nature. "When Plancus was consul," was our social life worse than at present? The bowie knife and Bladensburg are memories only now, but are assassins and stillettos unknown at the end of the century, and are those who carry the poison of asps

under their tongues all dead? Are there not still selfish, unscrupulous schemers, or vile ingrates who rob, or revile a benefactor, shrinking from no falsehood, however base to blacken his name, as long as they can work in the dark. When "Plancus was consul" possibly they would have been promptly called to account for their evil words and deeds. Children may not play marbles upon the front pavement on Sunday, especially when the devout are going to or returning from worship, but the back yard possibly is crowded by urchins, careless of the concealed fractures of the day that escape clerical observation and diagnosis. "When Plancus was consul," was the doctor a better man than to-day, better qualified for his work, with a nobler ideal of his calling, scorning "the tricks of the trade"—the indirect advertising through newspapers for example, which we now sometimes see, a doctor rushing into print upon the slightest occasion, or making known to reporters, eager for news, his professional exploits? There are doctors who will do anything to get talked about, to have public attention directed to them in order to secure public patronage. Yes, before those days of Plancus, to which reference has been made, we are told of doctors who "ply for employment like scullers at Hungerford stairs." Are there not doctors who do this now? Read, too, Smollett's story of "Count Fathom" starting in practice in London,† and the observation of almost any one will give him instances of its essential repetition. The count bought a chariot for "equipage, though more expensive than his finances could bear, he found absolutely necessary to give him a chance for employment; as every shabby retainer to physick in this capital had provided himself with such a vehicle, which was used altogether by way of a traveling signpost, to draw in customers; so that a walking physician was considered an obscure peddler, trudging from street to street, with his pack of knowledge on his shoulders, selling his remnants of advice by retail.

†Dr. Samuel Johnson, in his biography of Akenside, after stating that this doctor and poet never attained professional success in London, remarks: "A physician in a great city seems to be the mere plaything of fortune; his degree of reputation is, for the most part, casual; they that employ him know not his excellence; they that reject him know not his deficiency. By any acute observer, who has looked on the transactions of the medical world for half a century, a very curious book might be written on the 'Fortunes of Physicians.'"

*Congress in acknowledgment of the doctor's present to the Nation of 28,000 books and 18,000 pamphlets, ordered both his bust and portrait to be made and placed in the Congressional Library—a just and honorable recognition of his great and generous gift.

Though so many changes that are merely external, not touching the heart, not affecting the real life and character, but having to do merely with the clothes that are worn, have occurred I believe in social, as much as in the certainties of medical progress: Faith in man, faith in God, would perish if I did not have this trust.

Certainly medicine has its imperfections, its defects and failures. But let us recall what one of our guild, Sir Thomas Browne, said in answer to this reproach: "There are not only diseases incurable in physick, but cases indissoluble in law, and vices incorrigible in divinity."

It may be objected there are quacks in medicine. Such fact is not peculiar either to the age or to the calling. Izaak Walton wrote more than two hundred years ago, "There are too many foolish meddlers in physick and divinity, that think themselves fit to meddle with hidden secrets, and so bring destruction to their followers." More than one hundred and fifty years have passed since Smallette declared, "We have quacks in religion, quacks in law, quacks in patriotism, quacks in government."

Our call my brothers of the profession, is to do our duty to our patients, to our profession, to society, and to God, come reward or reproach, whether our pathway is upon the mountain or in the valley, to live noble lives, even though making sacrifice and enduring trial, bravely and conscientiously seeking that the world shall be better on account of our living in it. When in Scotland the fiery cross was borne swiftly as strong and agile limbs could go, to the nearest village, and there given in charge of the oldest male representative of the family, the only word spoken was to tell the place of rendezvous, and it was his duty to carry it to the next village, there finding a new bearer of this consecrated emblem, and thus on until all the members of the clan were called to the mustering-place—no one could refuse the duty of bearing this cross—new-made bride or unburied father was not excuse—and unto those who failed to respond to the call, the cross became a cross of shame. The doctor bears a cross of fire in life's race, and only when that cross "drops from his nerveless grasp," and his weary feet falter, and forever fail, is his duty done.

Medicine comes more and more to the front every year, and especially is its power of preventing disease more distinctly recognized. When will our national legislators acknowledge the fact that the health and lives of the people are as important objects for their consideration and care as post offices and pensions, and the products of forest and farm, of mine and manufactory? When will they establish a department of public health, and place it under the control of a competent medical man, who shall hold equal rank and dignity with the heads of other departments of government? This duty is imperative, and this action ought to be immediate.

In final words I might eulogize the work of the physician, and exalt the honor of medicine. And to this end there could be adduced from Pagan and Christian writers, from the wisest and best of every age, testimonies that would be conclusive. But time does not permit, and I only ask you to listen to the eloquent words of Cardinal Newman, and see how appropriately and necessarily medicine is embraced in his large inclusion: "All that is good, all that is true, all that is beautiful, all that is beneficent, be it great or small, be it perfect or fragmentary, natural as well as supernatural, moral as well as material, comes from God."

Very Small, Indeed.

The smallest baby yet reported was born in Killingworth, a village about eight miles west of this place. The parents are Swedes. The father is employed by a farmer cutting timber and weighs about 190 pounds. The mother is a stout, healthy woman, weighing perhaps 160 pounds. The child is a male as perfectly formed as any being can be, and on its birth weighed only eight ounces.

Its face is about the size of a horse chestnut. A ring worn on the little finger of its mother was easily slipped over his foot nearly up to the knee. It is the opinion of the attending physician that the child will live. The child is so small that three of its like could play hide and seek in a cigar box.—Ex.

WHISKEY, in its relation to the human constitution, is unconstitutional.

PEOPLE will continue to borrow trouble even when they know it is Lent.

COMMUNICATIONS.

A BRIEF STUDY OF SOME ANCIENT EPIDEMICS AND THEIR RELATIONS TO INFLUENZA.

WITH NOTES OF THE EPIDEMIC OF 1893-94, AND RECENT METHODS OF TREATMENT.*

ROLAND G. CURTIN, M.D., AND EDWARD W. WATSON, M. D.†

The question of the identity of the cases of excessive sweating seen frequently in the last four years with influenza, is scarcely open to dispute; since the cases observed, either the initial symptoms were those of influenza or the sweating was evidently a sequel to a well-marked influenzal attack. All influenza, as a rule, was marked by relaxation of the skin, after the initial period and the subsidence of the earlier symptoms, and this often continued in a mild form (sweating on slight exertion, sweating when in bed, and on slight exposure to cold) for days and weeks. But the cases directly under consideration were marked by such excessive relaxation, and so entirely different from any previously observed in any other disease (except, possibly, in rare cases of convalescence from malarial and rheumatic disease, from which latter they differed in the odor of the perspiration), that they could not but strike the observer as unique.

We might add that since the epidemic sweating in phthisis has been much aggravated, as well as in other diseases. This may be explained as a condition like the other general catarrhal conditions, a hydrorrhœa, or, what might be termed for the want of a better name, a cutaneous catarrh of the sudoriferous glands.

In the early epidemic of 1889-90 a number of cases were observed in which there was this tendency to a remarkable degree, continuing for weeks, without emaciation or exhaustion or induced anæmia. These cases often perspired to such a degree that in cold rooms they seemed enveloped in steam, and at times as they were observed in bed, the ear which was uppermost and the corresponding hollow of the cheek were often full of water. At times the sweat extended into the mattress, and from below upward the moisture would outline the form of the patient on the coverlid.

* Read before Phil. County Med. Soc., February 28, 1894.

† A portion of the paper will be published in the Transactions of the Pan-American Medical Congress, 1893.

In one case this condition lasted one week; in another four weeks; in another three months; in others five months; and in two six months; and one case affected a year ago, even now on slight exposure to cold continues to sweat profusely.

Many practitioners alluded in conversation, or in periodical medical literature, to similar cases, one writer in the South reporting an epidemic in his locality of what he termed a "sweating fever," and in the communication referred to asked information as to its nature. From the description given it was evidently something more than ordinary epidemic influenza, or simple catarrhal fever as usually observed, but resembled closely some of the cases seen by the writers in the past four years. Our cases generally began with an attack of influenza, or had some of the complications and sequelæ of influenza, viz.: the pulmonary or cardiac symptoms (angina pectoris, pericarditis, and heart failure), or affections of the peripheral nerves of one or both arms, rheumatoid pains, meningitis, diarrhœa, and other catarrhal affections and insomnia. With this profuse sweating the temperature night and day was generally near the normal—often either merely a little above or below. In one case for two months perspiration continued with the temperature from $\frac{1}{2}$ to 1° below normal. Another case was noticed similar to the above.

It is very easy to understand from what we have seen of influenza, that in different periods of an epidemic, different structures may be predominantly affected, viz.: an epidemic of influenza, in which cardiac symptoms predominate, might, under depletion and the unwise use of depressants, come to resemble the so-called "cardiac disease" of ancient times; or where the vasomotor nerves especially suffered, under like improper management—over-heating, excessive covering, and the abuse of diaphoretics—a genuine "sweating sickness" might be produced; or the extreme

sweating producing copious miliary eruption, we might with justice call it the "miliary fever." In fact, the recent epidemic has by turns exhibited the characteristics of the various disorders described and preserved to us in the writings of several ancient observers, and it may prove of some value to contrast these characteristics with those extant observations.

The following shows what symptoms and conditions were common to all the above-mentioned diseases:

They were all—

Epidemic.

Sudden in onset.

Commenced with chilliness or rigor.

Accompanied by more or less intense headache and fever.

The strong were attacked rather than the weak.

The comfortable classes rather than the extreme poor.

All were attended by sweat of unpleasant or fetid odor.

Occasional varied hemorrhages in all.

Vomiting or purging at times in all.

Meningeal and other nervous symptoms.

Nervous prostration and prickling pains.

Sudden paralysis, heart excitation, heart failure.

Rheumatic pains—gout symptoms.

All were infectious or contagious.

All had catarrhal symptoms, and sudamina or other eruptions of a miliary character.

In all the atmospheric conditions favoring spread of the disorder were fogs and humid atmosphere.

Stimulants were in all beneficial.

All had heart complications.

Sudden excessive secretion of urine and sweating came together.

All were alike sensitive to cold and draughts.

Checked perspiration caused diarrhoea.

Relapses were frequent.

Mortality light in acute influenza, heavy in all others (this can be somewhat accounted for by modern therapeutics and hygiene), and much in this respect depends upon the peculiarity of the epidemic.

The sequelæ in all were very similar; the general constitution was shaken—dropsy, consumption, heart failure, low forms of fever followed, and insanity and suicide were frequent.

A brief study of these data will show how very analogous, to say the least, were all these diseases. Certain marked peculiarities not found in other diseases generally, were common to all. The most marked is sweating, so that from the descriptions which have come down to us one could see little reason why the name of "sweating sickness" might not have been applied to any of them (at least in some of their extreme and varied manifestations). The group of nervous symptoms common to all is very striking and peculiar. These diseases seem to have been all recognized as contagious or infectious, and occurred as epidemics, and often seemed to supplant (follow or succeed) one another rapidly. The rheumatoid and gouty symptoms, the heart complications, while in some more prominent, existed in all. The description of the cardiac disease might be applied, line for line, to some of the severer cardiac influenzal cases recently met with, and at times associated with these was sweating, as profuse and overwhelming as that described in the "sweating sickness" of antiquity—lacking only its extreme malignancy.

The sequelæ seem to closely resemble each other in all, and the atmospheric conditions, fogs and rain, and a warm, moist, wet state of weather seem to have in all been exciting causes.

We are almost forced to the conclusion that if not identically the same, these diseases belong to the same group or family, and are intimately correlated. They seem to have preceded, replaced, or followed each other in close succession through quite an extended period, or prevailed in different countries almost simultaneously, at times seeming to be conveyed by contagion or infection. Of their real origin we have no more accurate knowledge today than our forefathers had, but it seems a reasonable and probable deduction that there exists almost constantly in the world a form of influenza (general transient and mild) known to us as the cold we "catch" under various atmospheric causes, which under vicious atmospheric conditions and climatic variations is capable of developing in one or another direction—and so into the various forms which we have been considering. If not all the same in origin, when once their microbic cause is really isolated and identified beyond a doubt, it

will, in all probability be found to be but varying forms and outgrowths of the same germ, or that varying germs exist (as in other cases is already recognized) of similar influence, causing those different diseases which may be considered as but malignant varieties of that influenza with which the world is at present so unpleasantly familiar.

EPIDEMIC OF INFLUENZA AS OBSERVED IN
PHILADELPHIA DURING THE PRESENT
YEAR (1893-1894).

During the years of influenzal epidemic disease since its appearance in 1889, its variations in intensity may be summed up roughly as follows:

1889-90, very severe and fatal.

1890-91, mild.

1891-92, marked severity.

1892-93, mild.

1893-94, very marked, but not so widespread and fatal as in 1889-90.

From this it will be seen that every other year it has been severe. The two winters when it assumed a milder form were of the five the most severe in temperature, 1890-91 having an early cold December which seemed to throw its epidemic outbreak toward the spring; 1892-93 being continuously cold, the epidemic outbreak seeming to be worse when favored by a mild fall and early winter and great and frequent changes. This past winter the outbreak began somewhat early, about the middle of December, the usual number of isolated cases having occurred through the autumn. A certain amount of the year's outbreak seemed due to visitors returning from Chicago, where it prevailed in a mild form.

The pulmonary attacks seemed milder, though grip lung was not infrequent. The expectoration was more inclined to be purulent. Even among the aged the fatality was light; one of the authors encountered seventeen cases with one death, and that in a case complicated with pleurisy and effusion and catarrhal nephritis. Of the sixteen recoveries, some of the ages were eighty-six, eighty-two, seventy-eight, seventy-four, sixty-eight, and sixty-four years. The constitutional symptoms did not end by crisis, but continued some time after the local symptoms had subsided.

Diseases other than influenza have shown less of the influenzal stamp than in

previous winters, but the traces of the epidemic were still visible when looked for. Considerable vertigo, alternate creeps and sweats, rheumatic pains in the limbs, insomnia, and occipital headache accompanied disorders where such symptoms are not ordinarily met. Temperature ranged lower on the whole than in past years. In bowel catarrhs much colitis (with gelatinous froth, with or without blood) was frequent.

The vertigo was sometimes transient but often very persistent; change of posture induced it—throwing back the head, looking to right or left—sometimes such movements of the head even produced insensibility. This vertigo was often persistent; in one case for a year, being worse on exposure to cold, and finally disappeared with an attack of pulmonary catarrh.

Many cases of stiffness and pain in the back of the neck occurred during this winter's epidemic, some with considerable fever. Constipation occurred in almost all prolonged cases of influenza, was obstinate and marked peculiarly by a tendency to "throbbing in the bowels." This constipation was not due to hardened feces or scanty mucous secretion, but rather to an imperfect power in the muscles of the bowels, the expulsive mechanism, or both.

During the mild weather of the winter catarrhal diarrhoeas were more common, associated often with vomiting, which was an unusually frequent symptom during the entire season while during the cold spells pneumonia was most frequent.

As a typical instance of the chronic cases of influenza of the mild nervous variety we might give the following, very recently met with:

A. B., travelling salesman, has had the following symptoms for three years since an acute attack of influenza. He has tickling chilliness of the legs, followed by a cold clammy perspiration on exposure to draughts and cold, and at times when in bed; insomnia or disturbed dreaming sleep, especially in the morning. When awake he is very despondent and irritable; hands numb at night; tinnitus; rheumatoid pain; varying soreness of the eye-balls and abdomen, and a catarrhal dyspepsia.

Temperature 97° to 98°, A. M., and 99° to 99.5°, P. M. He feels much better toward night. Such cases only require excessive fatigue or depressing emotions

or great exposure to produce some of the severer phases of the malady meningeal, pulmonary, cardiac, gastric, intestinal, renal, etc.

Treatment.—In the treatment of influenza some changes have occurred. Some progress must be made in the management of a disease so long and constantly present with us. Not only do our necessities lead us to employ new measures, but diseases themselves change, and influenza is not an exception to this rule. If any general and marked change in the behavior of the disease has occurred it has been in the manifestation of a greater susceptibility on its part to the action of old remedies and time-honored measures. In fact, there has been a revival of a number of old-time remedies which have been for a score of years discarded as useless, and which now in our epidemic experience lead us to conjecture that our predecessors were not such fools as we supposed.

New remedies, too, which were unknown to the world in its older epidemics of influenza have been used with advantage, but in general the tendency has been to treat influenza and its sequelæ on the old lines of treatment, and with far more success than in the years since 1889, and we think that this tendency has gradually increased since that year.

For acute influenza, the salicylates and salicin still hold their popularity, which only increases with time and use, especially since we have in the market the pure salicylates of Merck and others, which certainly do not depress the system as did the crude article formerly used; phenacetin combined with these still holds its popularity in early stages, while for the cough in the bronchial form, codeine is more and more used in small doses.

For the marked initial chill, spirit æth. nit. with spirit æth. comp. and chloric ether afford a valuable aid, and when these fail to arrest the often convulsive movements and restore the overwhelmed centres, amyl nitrite and nitroglycerin have often proved successful. Opium in the form of onset accompanied by severe pain has given far better results than in former years, with apparently no bad effects; terebene, turpentine, oil of sandal, and oil of cubebs, as expectorants, and ammonium chloride in the later stages have been relied on; but for the persistent tickling, pharyngeal, laryngeal and tra-

chial cough, all remedies administered have often failed, but immediate success has been met with by employing a spray of liquid albolene and menthol, five grains to the ounce or more.

Where the grip lung with its psuedo-pneumonic physical signs made its appearance, counter irritation by mustard has seemed best. The pleurises, by the way, which have been encountered this winter were almost invariably plastic and subsided readily on counter irritation and salicylates.

The purely gastric influenza was treated by cocaine, gr. $\frac{1}{2}$ in $\frac{1}{2}$ of aq. chloroformi, as frequently as every hour, while the diarrhoeal form was managed readily in most cases by bismuth and opium, cocaine being added where vomiting continued, and in the obstinate cases, and in fact in all the cases which seemed severe at the onset; the bowels were daily flushed out with a one per cent. solution of creolin or boric acid. The effect of this was often marvellous, especially in cases attended by high fever, where the subsidence of temperature was almost immediate.

For the resulting prostration and loss of appetite, full doses, $\frac{1}{2}$ of bitter tinctures, as cinchona comp., cardamom comp., calumba and gentian, with full doses of strychnine were given; sometimes caffein was added. Alcohol, cod liver oil, hypophosphites, iron, and malt still hold their own, and seem the best known agents for the repair of wrecked and ruined constitutions. Opium has been found to be the most useful drug for the meningeal irritation, or mild or threatened meningitis. Vini iodinii comp., suggested by Dr. Potsdamer, has proved of great service in the chronic cases of all forms of influenza. As to the treatment of the profuse and protracted sweating, we might as well say that after trying all recommended remedies, all equally failed of satisfactory results. Fair trial has been made of the following remedies; atropine and belladonna, quinine and sulphuric and camphoric acids, agaracine, picrotoxine and ergot; small doses of jaborandi seemed to do a little good; also alcohol in moderate quantities; also sage tea and boneset. Externally, alcohol and alum were of some use; internally alum failed. The power of the vasomotor nerves seemed often so impaired that remedies had little or no effect.

SOME OBSERVATIONS ON INFLUENZAL NEURITIS.*

EDWARD W. WATSON, M. D., PHILADELPHIA.

The field of influenza is almost inexhaustible. Some portions of it have received far more attention than others. If any part can be said to have been neglected it seems to be that of neuritis, in which we have often the most notable failures, and in which also there possibly lies concealed the secret of its pathology and the clue to its mystery.

The different nerve affections of this disease might, if we chose, be divided into three main divisions—general nerve irritation, local functional disturbances, and local neuritis. We might consider the general aching and pain which marks the onset as the first. Functional neuroses may be met with at any period of an attack, but localized neuritis are rather sequelæ than early symptoms.

Now, the main question at issue is, whether in a localized neuritis the peculiar process gains special access to the separate nerves, or even to the nervous system generally; or whether in all influenza, as shown by its initial symptoms, the nervous system is always the seat of such process, though in so benign a degree as to escape notice; or, as a third view, whether while the nervous system is always invaded the nerves of organic life are not generally the principal sufferers, and those of voluntary motion are least and so escape notice.

We should premise that influenza, even in its acute epidemic form, is in all probability a much longer disease than is generally supposed. Early recoveries from pulmonary and abdominal forms are such only in seeming, as shown by the lingering character of the recovery, and the long period during which tonics and stimulants often fail to overcome the exhaustion and inertia. Further, in general, when recovery from acute disease sets in, the whole world brightens to the convalescent, sleep restores, food nourishes, and tonics tone; but after acute influenza there is a long period of semi-recovery—a lethargy of the system in which remedies fail to act.

Now, if in such a case of supposed convalescence exertion, exposure, anxiety are

endured, we have, if early in the case, a so-called relapse or more properly a recurrence in some new organ or structure, generally internal; but if later in the convalescence, we are more likely to have an external peripheral neuritis. A central neuritis may at times occur, as in the unfortunately frequent heart failures; but more commonly if walking has been excessive we find a sciatica, or an extension of the disease in the line of the sciatic to the calf, heel, or toe. Where the arms have been overstrained in gymnastics, reaching, lifting, driving, we find a brachial neuritis—generally descending from the shoulder. These attacks should be discriminated from those muscular pains which appear much earlier in muscles in the neighborhood of organs affected by influenzal catarrhs, as the trifacial in coryza, the region of the neck in catarrhal pharyngitis, lumbar pains in renal catarrh, epigastric pain after gastritis, etc.

Of the external neurites the brachial is the most common. This occurred in nearly one-half of our cases; then in order of frequency came the intercostal, sciatic, epigastric, cervical, lower abdominal. The onset of the brachial attack is generally sudden, and often at the first the disease seems reluctant to locate, the pains radiating in the neck and thorax, axilla, and down the arm; soon, however, the painful point will be found quite fixed on the anterior aspect of the head of the humerus (shoulder). Associated with the pain come numbness and tingling in the course of the nerve, and the shifting character of the numbness, etc., from radial to ulnar distribution, or *vice versa*, shows how intermittent is the obstruction and interference with the nerve current (action). These shifting sensations are by no means to be taken as indicating that the active process has extended to the fingers, but that where located it obstructs or interferes with certain nerve fibres distributed to the fingers.

The actual discernible alternation in the course of the nerve is found most frequently in the region of the biceps, though painful points can at times be made out at and below the elbow. The biceps, however, most frequently in protracted cases

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hardens with a doughy hardness and enlarges. In unfavorable cases it afterward wastes very considerably. Similar wasting has been observed in other regions where other nerves are in like manner affected. We are inclined to believe that if proper care be early taken the condition tends to somewhat rapid recovery, but when the arm is used to any extent, and where with this there exists a gouty history or a gouty inheritance, under undue effort, and imperfect nerve-supply, the muscles go into a state of tonic spasm or contraction and the nerve exhausted in its efforts to transmit the force demanded becomes locally still more involved; rarely an eruption of shingles occurs in the course of the affected nerves.

We may as well admit that this condition is somewhat beyond direct and positive therapeutic aid; how serious the condition of the nerve may at times become has been of late shown by careful post-mortem examination. How very hopeless the restoration of function may be, is shown in the series of cases reported by Dr. Ferguson, of Toronto, in the *Medical News* of January 6th of this year (1894), for although no mention is made by him of the fact that his cases were any of them of influenzal origin, though he mentions in one case that influenza had preceded, we think that at least three of the five bear evident marks of being due to that cause. Again, a study of the behavior of these diseased nerves under certain circumstances, tends to throw a partial light into the general gloom. Again and again after applying the interrupted current the pain has been rapidly relieved, but within a few hours a more violent attack has occurred in a more important (and serious) locality—from the arm to the lumbar spine, to the cervical region, to the precordial region, to the other arm; sometimes exhaustion and faintness; sometimes intermittent pulse has been noticed. The same experience has been encountered in the employment of massage of the affected arm, while in other cases in later stages, or in the same case later in its course, both agents have been of the greatest service and conduced to permanent recovery. In three cases long localized pain in the epigastric and abdominal regions has yielded at once and permanently to one short application of the battery.

It would be well also to notice those

cases of intra-thoracic and intra-abdominal neuritis attended with much more threatening symptoms, where change of position leads to failure of pulse and loss of consciousness, or to profound nausea, or to respiratory failure, which as they gradually recover seem to do so by an exodus of the morbid condition from within to without; where an emerging neuritis of arm or leg seems the surest harbinger of escape from a fatal illness. The influenzal process seeming to traverse deep-seated and vitally important centers and nerve trunks and emerge to those of less vital moment. This has been a somewhat common termination of many cases of apparent neurasthenia, which should, however, be discriminated from the neurasthenia with which we have of late years—before the influenza epidemic—become so unfortunately familiar, for between them there lies a great difference. In either case the patient is neurasthenic, but has arrived at that condition by quite a different road. The typical neurasthenic has exhausted centers, and we believe may have injured nerve trunks even, by excessive and prolonged exertion or sudden overstrain. The influenzal neurasthenic has the nerve centers, perhaps the communicating nerve trunks, certainly occupied and rendered useless for a longer or shorter time by a progressing disease. In the former case it is but necessary to accumulate force and cause its conveyance to mechanism which we put in the best possible order; while in the latter case we must await the disappearance of the disease before we can hope for improvement; this, we think, supplies the reason for the behavior of the patient under massage and electricity.

In summing up therapeutic results, we can say that rest is an absolute necessity; that electricity has benefited many cases, generally ones of long standing, but has injured, at least for a time, many early cases; and that massage, though less powerful for good, has been only less powerful for evil; while counter-irritation has been disappointing, and repeated blistering has repeatedly failed.

In the early days of the attack heat has been often valuable, where the whole limb could be enveloped in moist heat as by formication, or swathed in hot flannels, or placed in hot water. But no drug has given reliable results. When improvement has been most pronounced, then re-

lapse and disappointment have been most certain. If to this sweeping statement there be any exception, it is in favor of arsenic in very small doses frequently repeated. Of general systemic treatment, such as strychnine and phosphorus, quinine and alcohol, and cod-liver oil, we are not speaking—these may generally benefit the patient, appetite may increase with assimilation, strength and the general appearance of health may return, but the arm or leg be much the same. Mercuric bichloride, iodides, and bromides have given no results; salicylates and salicin have failed to relieve—they may have prevented. Morphine pushed continuously has seemed to shorten the attack in many cases if given early, possibly by enforcing that rest which is so vitally important to cure; atropine, which controls some of the manifestations of nerve disorder, as the chilliness, excessive sweating, and the pulmonary conditions, is a failure in the neuritis under consideration. Hypodermatics of atropine in the painful points or into the affected muscles (biceps itself) have given no good results. Locally, belladonna, menthol, ichthyol, and mercurial ointment have been used with apparent benefit. But viewed in the most cheerful light treatment is unsatisfactory, and prevention is better than cure. Prevention—if the ideas expressed in this paper are correct—by early and continuous rest continued long enough to allow the system to react and the disease to naturally terminate; and when exercise is permitted, with such restrictions as to avoid tire, general or local, and this will require such confidence on the part of the patient, and such an education on his or her part also, that it will, I fear, be long before the disease is banished by preventive measures.

The treatment of an internal neuritis of a nerve supplying a vital organ resolves itself into a treatment, so far as possible, of the organ involved. To take one case as an illustration—the stomach. All are familiar with the fact that digestive difficulties have been unusually frequent of late; they have taken the form of delayed digestion, with emesis, pyrosis, and eructations. In the majority of these we have found the difficulty to culminate at night, to be least in the early morning. All of them if carefully questioned will give a history of influenza as a starting-point, generally influenza of the gastric form,

though perhaps not recognized as such by the patient; they go back to an attack of chilliness and fever with vomiting, fever with loss of appetite, fever with diarrhoea. Following these there will often be a history of gastric pains excited by food; often a distinct account of a peculiar pain or mild gastric pang coming on at short intervals after eating, and peculiar in that it starts in the region of the pylorus and travels in a wave or thrill in the direction of the greater curvature from right to left, dying out gradually as it travels, only to be followed by a succession of such pains. As these pains diminish with days and weeks the patient discovers that he has dyspepsia, and if appetite returns he begins soon to suffer after meals in a different way with acute indigestion. After a time the gastric soreness is almost continuous, and nights and days are passed in great distress, and speedily weakness and emaciation occur. Now, these cases seem to be due, judging by analogy, to a condition of the pneumogastric or splanchnics similar to what we have been noticing in external nerves a long-continued state of diminished action of the gastric muscles, owing to their supplying nerves having been occluded or interfered with by influenzal disease.

Those who have attempted to relieve these cases (which show no evidences of dilatation and rarely of any gastric catarrh) will bear witness to the general uselessness of the old lines of treatment and the new ones as well. They resemble cases of dilated stomach with pyloric obstruction, but are most probably atonic stomachs with normal pylori, in which the force of contraction is insufficient to expel the digested food, or where the almost unknown nervous mechanism of the pylorus is in some way at fault.

When this condition has become aggravated and distress is constant washing out the stomach will undoubtedly give relief, but acids, alkalies and bitters, pepsin and peptonized foods avail little. From careful observation of the general condition, the observer must be led to conclude that a defective innervation and consequent painful and feeble action of the stomach is the real difficulty, and that the retention of food too long leads to the formation of digestive products toxic to the economy and irritant to the organ itself. Intense irritability is often shown by emesis where

the matter ejected seems quite normal; faulty innervation by the cases when digestion can go on normally for days in the recumbent position, but where the patient on assuming the upright or sitting posture invariably vomits after a definite period of time—half an hour or an hour. That increased irritability is one cause of the delay and distress is shown by the character of the only drugs which seem to afford relief. Chloroform, cocaine, bismuth, alcohol and the bromides—these, especially the latter, will in many cases restore appetite, relieve distress, and banish indigestion; but when they fail we seem left with but one alternative other than washing out the stomach, viz., to give the organ as long and continuous a rest in the twenty-four hours as is possible, in order that it may store up power enough and free itself. This gives immediate relief and so is willingly pursued by the patient.

As a formulated plan of treatment, it is best to begin with twenty-four hours of semi-starvation, interdicting all food except a gill of hot milk three times in the first day; on the next day ordinary diet can be given in full amount at the morning and noon meals, but after 2 P. M. nothing until the next morning at breakfast. In a few days the appetite will accommodate itself to the circumstances. The stomach relieved and free from pain does its work in better time and manner, and emaciation ceases and weight is rapidly regained. The weight of the patient should be carefully taken at intervals of three days, and when there is no more increase, where further increase of weight is desirable, then more food must be given; and first a return to some form of evening meal should be tried. Milk or a farinaceous food with milk is best borne, and if all is well the patient can return to his former habits in regard to eating and is cured. If, however, as is often the case, this cannot be done, the extra food may be given in the forenoon—i. e., breakfast at 7 A. M. or earlier; lunch at 11 A. M.; dinner at 2 P. M.; in this way as much food can be taken as ever but without distress.

When from the beginning the distress has been absent at night and severe during the day—as, for instance, where the most serious suffering is experienced after breakfast—breakfast itself must be omitted or

reduced to a cup of milk, while dinner and supper are taken as usual, the necessity being for some period of rest continuously in the twenty-four hours of from fourteen to sixteen hours. The lighter cases, where the mid-day meal alone is followed by indigestion, can generally be reached by bromides and a bitter, or by omitting the mid-day meal altogether, even adding additional food at bedtime if the scales show no gain.

How successful this plan of treatment is, how much relief it affords, and how notably the patients gain in weight and spirits, will be realized by anyone who will try it. Crude enforced starvation has always been one of the main remedies of empirics and charlatans in dealing with indigestion, but in the method we have described we believe it to be scientific and valuable.

Cases illustrating the success of this plan, which for the want of a better name we might term “digestive rest,” could be given in considerable numbers were it desirable to add to the length of this paper; let it be sufficient to say that in genuine post-influenzal dyspepsia, the writer has met with very few failures save where undoubtedly the directions were not followed. Where the case is severe and the patient can be induced to give the plan a three-days trial, his own relief will be a sufficient inducement to pursue it as long as is necessary.

Rest, then, of all remedies seems most fitted for the relief of influenza from its onset to its remotest sequel. There seems always to be a deficiency somewhere or other in the power of sustaining voluntary and involuntary exertion, and a tendency to aggravation or relapse on exhaustion. Did time permit, a study might be made from this point of view of other post-influenzal conditions, showing for instance how the peculiar catarrh of the liver is best treated by relieving the liver of work, in the shape of foods it cannot manage and of cholagogues it cannot endure; how the influenzal affection of the ocular muscles, which baffles the best-meant efforts of relief with lenses, yields speedily to darkness and disuse of vision; and lastly, how the mania and delusions of influenza are combated most hopefully by those remedies and means which, like opium, enforce sleep continuously for considerable periods of time.

BACTERIOLOGICAL NOTES.

THE RELATION OF BACILLUS COLI COMMUNIS TO TYPHOID FEVER.

In a paper presented to the American Public Health Association in Mexico, December, 1893, (*Modern Medicine*, III, 1894, p. 4), Kellogg gives a brief summary of recent investigations concerning the etiology of the colon bacillus after which some personal experiments are related.

It will be remembered that in 1887 Hueppe called attention to the possible pathological importance of the colon bacillus, having found this organism in nearly pure cultures in cases of cholera. In 1889 Rodet and Roux made extensive investigations of this bacillus in relation to typhoid fever in which the conclusion was reached that the typhoid germ is a modified colon bacillus. Several investigations have been recorded of outbreaks of typhoid fever resulting from the use of the water from a common source, usually a well, from which no typhoid bacillus could be found, but the colon bacteria were present in large numbers.

The claim that is made at present by certain bacteriologists is that the colon bacillus which ordinarily possesses very little pathogenic power can be made sufficiently virulent to produce an effect similar to that of the Eberth or typhoid bacillus.

Another interesting fact is the observation that the colon bacillus becomes increased in virulence during an attack of typhoid fever.

Vallet has shown that rabbits that were inoculated with the filtrate from vaults containing excreta from typhoid fever patients were protected to an appreciable degree against the inoculation of the typhoid bacillus. This experiment serves to explain the fact so often noted by sanitarians, that visitors to an infected locality are more likely to suffer from the disease than the residents who are accustomed to drink the contaminated water.

After certain experiments which are too lengthy to record in full, Kellogg draws the following interesting conclusions based upon his own work and the results of other investigations:

1. The bacillus coli and the bacillus of Eberth are so nearly identical in their

biological characters that none of the numerous methods proposed for distinguishing them can be relied upon as giving constant results.

2. The bacillus coli gives in inoculation experiments identical pathological effects with those produced by the bacillus of Eberth.

3. The bacillus coli acquires, by passing through the body of an animal, biological characters closely resembling those of Eberth's bacillus. The bacillus coli found in vaults is much more virulent than the bacillus coli of the intestines or Eberth's bacillus.

4. The bacillus coli is much more resistant than the bacillus of Eberth, and thrives in vaults, while the bacillus of Eberth quickly dies under the same conditions.

5. The study of epidemics, and the bacteriological study of waters which have given rise to typhoid fever, lead to the conclusions that the bacillus coli at least shares with the bacillus of Eberth the property of producing typhoid fever under certain circumstances, and that the bacillus of Eberth may be only a variety or modified form of bacillus coli.

6. The contaminations of milk with the excreta of cows is a possible source of infection with the bacillus coli and with typhoid fever.

7. The same care ought to be observed in the protection of water used by cows kept for milking purposes from contamination with excreta, as for that used by human beings for drinking purposes.

8. Since vaults and cesspools constitute depots in which the comparatively innocuous bacillus coli acquires malignancy and virulence, rendering it highly destructive to human life, these convenient nuisances should be prohibited by law, and the destruction or disinfection by proper agents, or conveyance to a safe distance from human habitation, of all alvine discharges, should be compulsory as one of the most important means of conserving the public health."

UNKIND words can never be taken back.

THE FLAGELLA ON THE TYPHOID AND COLON BACTERIA.

Moore (*Wilder Quarter-Century Book*, 1893) has described the molite appendages or flagella on three species of bacteria, viz., the bacillus of hog cholera, of typhoid fever and bacillus coli communis. A brief review of the literature on the method of demonstrating flagella on bacteria is given together with the author's modification of Loeffler's method. The flagella are carefully described. The point of special interest is the close resemblance that is found between the flagella of the three species but, perhaps, more particularly between the typhoid and colon bacteria.

The flagella are minute-hair like appendages which radiate from the body of the bacillus. They vary in length and number. On the typhoid germs ten of these filaments was the maximum number found and on the colon bacillus seven was the greatest number. These varied in length from one to thirteen *microns* on the typhoid and from one to fifteen *microns* on the colon bacillus. They were from 0.1 to 0.2 *microns* in diameter when well stained.

These results differ from those obtained by Luksch, who found from 8 to 12 flagella on its typhoid bacillus and from 1 to 3 on the colon bacillus, a difference sufficiently great to be of differential value. Moore's results show that it is very difficult,

if not impossible, to distinguish between these two species of bacteria by means of their flagella.

His conclusion is of considerable importance in showing that morphologically it is difficult to distinguish between these bacteria. It also shows the importance of the cultural characters of these bacteria in differentiating between them. In studying the flagella, the author endeavored to determine whether there was a difference in the flagella to correspond with the difference in the virulence or cultural characters of these bacteria, as they are often found to vary in these respects, when isolated from their apparently normal habitat. The conclusion reached was that there is no difference in the flagella to correspond with their functional variations. The author touches indirectly the question of fixing specific characters of bacteria or their functions. In these two species, for example, there is no doubt as to their specific differences, yet morphologically they are hardly distinguishable, but in their cultural or physiological properties they are easily differentiated. The little that is known about the structure of bacteria suggests the possibility that there are as yet unknown structural difference between bacteria which exhibit differences in their cultural or etiological properties.

THE RELATIONS OF BACILLUS COLI COMMUNIS TO APPENDICITIS.

In the *New York Medical Journal* for December 30, 1893, Hodenpyl, has contributed an exceedingly interesting article on the etiology of appendicitis. The author summarizes the results of the bacteriological examinations of twenty-four cases of appendicitis and adds the results of many others. Of the thirty-five cases of which a bacteriological examination has been made the *B. coli communis* was the only germ isolated in thirty-two of them. In some cases colonies of these germs were found in the walls of the appendix. In one case a few colonies of the streptococcus developed in association with the bacillus. In one case the streptococcus were the only species of bacteria

found. The streptococci found correspond in their biological characters with *S. pyogenes*. In one case *bacillus pyogenes foetidus* was found in addition to the colon bacillus.

Cultivations have been made from the contents of the intestinal tract and from the contents of several healthy appendices. In nearly every case *B. coli communis* appeared and frequently pure culture. In ten cases cultures were made from the peritoneum surrounding the appendix in people that died from different causes. Nine of them gave negative results.

The pathogenic power of *bacillus coli communis* is determined in two ways: (a) its occurrence in connection with lesions

unassociated with any other organism; and (b) the result of experiments on animals with this pure culture of the germs. It has been found presumably as the etiological factor in a large number of diseases. Among those may be mentioned general exudative peritonitis following perforation of the intestine, perirectal abscess, ulcerative colitis, suppurative inflammation of the gall-bladder, peritonitis following ulceration of the intestine without perforation, epidemic diarrhoea of children, endocarditis, meningitis, cystitis, arthritis and many other affections.

From his study of the colon bacillus and the results of other investigators, the author concludes this part of his paper with the following recapitulation:

1. "*Bacillus coli communis* is normally

present in the intestinal canal after birth, but it is never found during life outside the intestinal canal in any of the other viscera, so far as is known, without being accompanied by lesions."

2. *Bacillus coli communis* has been found in the exudate in thirty-four out of thirty-five cases of exudative appendicitis, and in thirty-one of these it was found unassociated with other bacteria.

3. It has been found in connection with a variety of inflammatory and necrotic conditions other than appendicitis.

4. "Inoculations into animals of pure cultures of this bacillus result in inflammation, in the formations of abscesses, and sometimes produce general septic infection or intoxication."

HYGIENE AND COSMETICS.

Hygiene is a science of modern times. It has grown from small beginnings until at present it is the most important part of a physician's study. The aim of hygiene is to find out the most favorable conditions of human life, as well as the means of preventing disease. If we speak of the hygiene of a single organ or a group of organs, it becomes a matter of determining the conditions under which this organ can attain its most suitable and complete cultivation, so as to be of the greatest use to the entire individual.

By cosmetics we understand those means by which mankind undertakes to make his body, or any of its organs, pleasing to the eye—that is, with the idea of being healthy and strong, on the one hand, and well formed and handsome on the other.

Any cosmetic which helps to improve and beautify an organ without injuring the health is helpful to hygiene. In other cases, however, although the desire to be beautiful is natural, the cosmetics used are injurious. Then the health suffers, and the cosmetic becomes a wicked enemy to hygiene. If one applies himself to a careful and scientific care of the skin, he must employ very important hygienic means. If one makes his head tender by continually wearing a covering which will not allow the air to come through, premature baldness will be the result. If one

considers the normally built human foot beautiful and has a covering made reasonably suitable to its shape, he fulfills a very important hygienic condition for good walking. If one considers the pointed shoe handsome and forces his foot into it, this is a cosmetic, but by no means a hygienic measure. Crippled toes and corns are the result. We see, therefore, that hygiene and cosmetics stand in near relationship to each other, and should not be separated. Hygienic measures are dictated by reason; cosmetics by vanity. Naturally those hygienic measures will spread rapidly which serve the purpose of cosmetics, while hygiene is in a bad case when it must combat the temporary cause of injurious cosmetics.—Translated for *Public Opinion* from the German of Karl Rose, in the *Breslau Deutsche Revue*.

For Chronic Articular Rheumatism.

Potassii iodidi.....	gr. iij.
Potassii bicarbonatis.....	gr. xv.
Quininae hydrochloratis.....	gr. iij.
Infusi cinchonae acidi ad.....	℥j.
Misce et fiat mistura.	

Two table-spoonfuls to be taken three times a day.

—*Practitioner*.

"I DON'T see your husband with you so much as when you were in your honeymoon," said the clergyman, as he met an occasional attendant at his church. "Has he grown cool?" "Not if what you preach be true," she said, coyly. "He is dead."
—*Toledo Blade*.

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SATURDAY, APRIL 7, 1894.

EDITORIAL.

THE MEDICAL TREATMENT OF ANARCHISM.

There is a legend, redolent of antiquity, to the effect that a certain apoplectic and irascible citizen, self-made—the job of an apprentice—and of massive self esteem, once found his path occupied by an insignificant dog. Heeding nothing but his own convenience, the self-made, without due ceremony, proceeded to assist the animal to move aside. This injudicious action attracted the attention of the business end of the dog and resulted in a protest more effective than respectful. His dignity violated, the enraged apprentice's job roundly berated the owner for allowing such a vicious beast to be at large, and demanded the extermination forthwith of the dog that had bitten him.

"But," demurred the owner, "the dog is not mad."

"Mad," howled the infuriated egotist, "what in thunder has *he* got to be mad about? It's *me* that is mad."

This fable teaches whatever moral may be extracted from it, but it will serve to illustrate the emotional perturbation which

led the *London Hospital* to evolve the following:

"That Anarchists, as a matter of fact are lunatics, is as obvious to common sense as that a dog is mad when he rushes at friends and foes indiscriminately, and with frantic teeth endeavors to tear them to pieces. The point of our question is this: Are European jurists prepared to pronounce Anarchists technically insane, and will Legislatures enact statutes for their certification and restraint? The medical mind foresees an epidemic of Anarchism in the near future, and its natural instinct is to look about for preventive measures. The only preventive measures of any avail to avert severe epidemics of contagious diseases in cattle have been the killing of the infected cattle in the very earliest stages of the malady. In the case of human beings, the very early detection of cases and their prompt isolation have alone been efficient. Our first business is to secure the enactment of a statute or statutes declaring Anarchists and in-

citers to Anarchy "insane." When that has been done, competent investigators must be set to work to find out every possible British or foreign Anarchist or inciter to anarchy which our own country may harbor. These must then all be locked up in one or more criminal lunatic asylums, and there medically treated until such as are capable of cure are thoroughly cured; the remainder will be kept under restraint for life."

This suggestion to make, by legislative enactment, anarchism to be a disease and to prescribe a specific course for its treatment, might be regarded as a specimen of insular humor, were it not that the continued and atrocious crimes perpetrated by anarchists have forced a consideration of the subject upon every nation of the civilized world.

There is no doubt that some of these anarchistic outrages are perpetrated by individuals mentally unbalanced—some of them to such a degree as to be, in truth, irresponsible. But to attempt to prevent the spread of anarchism, and to expect finally to eradicate it by the enactment of repressive laws, the enforcement of which would require an inquisition of greater severity and unrighteousness than the Holy Office of barbarous Spain, would be very much like the effort of the old lady to restrain the Atlantic ocean by the vigorous use of her broom.

The proposition to officially declare anarchism to be insanity, and consequently irresponsibility, is not surprising in view of the apparent tendency of modern alienists to consider any variation from a standard assumed as the norm—which standard is remarkably inconstant—to be insanity. Insanity existing there can be no responsibility; the overt acts of irresponsible individuals cannot be held as crimes; the commission of crime is *prima facie* evidence of insanity, and therefore of irresponsibility, for the obvious reason that it necessitated a departure from the

standard assumed as the normal. This may appear to be gross exaggeration, but it seems to be the foundation of the present style of reasoning in circles.

Whatever may be the responsibility of individual anarchists, it would be folly to assume that anarchism is *per se*, a degree of mental unsoundness sufficient to eliminate responsibility. Nor does a generalization from the manifestations of anarchism developed of recent years, justify the assumption of irresponsibility. The overt acts of anarchism, responsibility assumed—as it should be, are placed on the level of crime—where they belong, and are amply provided for, so far as punishment is concerned, by existing laws. Furthermore to declare anarchism, whatever that term may mean, to be insanity would ultimately result in reducing all crime to insanity, for anarchism would naturally include everything in opposition to order as it now is.

Anarchism exists. It is a problem that must and will be solved in the course of human development. But it is something more than a disease, physical or mental, and but a small portion of the subject lies within the domain of medical science, or is amenable to medical procedures for treatment.

What is anarchism? Theory, policy or conspiracy. Is it any or all of these?

That oracle of indigestion, Thomas Carlyle, once overheard a conservative Englishman, whose satisfaction with himself and his associations was complete, remark, in a very patronizing way to a more progressive man: "The British people, sir, can afford to laugh at theories." The wrathful philosopher, fixing the speaker with a glare, said, "Sir, the French nobility of a hundred years ago, said they could afford to laugh at theories. Then came a man who wrote a book called the 'Social Contract.' That man was Jean Jacques Rousseau, and his book was a theory and nothing but a theory. The

nobles could laugh at his theory, but their skins went to bind the second edition of his book."

Anarchism is something besides theory, and it would be base flattery to compare it with the French Revolution.

It can scarcely be said to be a policy, for, although claiming the purpose of reforming the present unsatisfactory conditions of life, unlike other reformatory movements which may appear akin to it—Socialism and Communism—it does not aim to provide any substitute for the conditions destroyed, nor to reconstruct any system of living from the materials of the fabric torn down.

Evidently a conspiracy, anarchism would seem to have some of the elements of a policy, and many of the characteristics of a theory.

It would be hard to furnish a definition of the term anarchism that would be at once accurate and comprehensive. It might be said to be total depravity. Perhaps it would be better defined by a provincial expression as pure on'y fool-cuss-edness.

As with the term electricity, we may arrive at the meaning of anarchism by a consideration of its manifestations and conditions. Thus, we find, invariably associated with anarchism, dirt, drink, disorder, degradation and debauchery. Undoubtedly environment is the most potent of predisposing causes, but there are others which are ever present and which relate particularly to the individual. For instance, that congenital or acquired 'constitutional tiredness,' which incapacitates the individual for effort; again a keen recognition of the desirability of utter abnegation—on the part of others; a sense of the injustice of urging the rights of any as against one's own, and other like conditions familiar to all. Among the exciting causes might be mentioned the cumulative effect of intoxicants; the exhaustion of credit at the bar of greedy capital; the

unwarranted interference with individual desires or demands by the servile minions of a bloated plutocracy, acting by authority of unjust laws, whose evil design is to subordinate the individual's rights to those of the masses. In a word any failure on the part of creation to bring itself instantly into harmony with the present mood of the individual. Anarchism is a vicious kick against existence.

However conflex its nature, and however varied its manifestations, anarchism exists; will exist so long as do its causes; and will grow in direct proportion to the intensity of the conditions producing it. Neither direct repressive legislation, nor the construction of asylums to prevent its spread, or to accomplish its extinction, nor international measures for mutual protection, nor any agencies, physical or mental, will accomplish more than temporary mitigation of the evil so long as its causes persist unchanged.

Anarchism is an anomalous bye-product of civilization. It is an expression of natural law. It may be regarded as a retrograde metamorphosis. It is the desperate protest the less-fit against the extinction rendered inevitable by environments with which they are hopelessly out of harmony and which are surely if slowly accomplishing their destruction.

Anarchy finds its material in that class of humanity where the powers of resistance and insistance have failed to meet the demands made by the swiftly developing changes of modern civilization. Civilization itself, rather than the unfortunates who suffer because of inherent weakness, is responsible in large measure for the existence of the unhappy conditions, and it is within the power of the popular will to eliminate them. Merely to mention a few of the admitted causes of anarchism, which can be, and eventually must be changed, consider these facts. Mankind is fully aware that the progress of civilization is due to and depends upon the in-

crease of mental and moral power, which in turn, depends upon the increase in nerve power to resist the increase of pressure from environment, or a loss of balance would result which would be anarchy. And yet in place of making every effort to strengthen the nerve centres they are deliberately weakened by allowing and even encouraging the use and abuse of artificial stimulants, of unhealthy excitements, and of lethal narcotics. With accurate knowledge of the terribly evil consequences of concentrating individuals into very limited areas, the populations of great cities are allowed to grow denser and denser, until in the slums it is no uncommon thing to find a 10x12 cellar or attic furnishing a residence for two or three families of eight to fifteen individuals. Again the relations of capital and labor, and other similar problems of social and political economy. And under and pervading all, "Man's inhumanity to man."

Subject to the violent and unequal fluctuations of such stresses, human nature is to be developed, and there is little wonder for the existence and growth of that class of humanity among whom anarchism finds most favorable conditions for rapid and rank development. That expression of human nature which we term character, is a combination of the emotional, intellectual and moral elements of man. The emotional and intellectual phases are under the immediate direction of the will, as indeed is the moral element to a large extent. But the peculiar office of the spiritual is to inform and counsel in the exercise of the will power. The spiritual element of character, the most intangible, the most sensitive and yet the most important of man's nature, is the most difficult to maintain, and is the first to give way to inordinate stress. A marked feature of degeneracy is the lack of the sense of right and wrong—'moral imbecility' as it has been termed. From hence the descent to Avernus is easy.

With the constant and increasing output of defective classes, we are presented with the unique spectacle of society establishing and fostering products bound to act for the extermination of social order, and in place of preventing such products by destroying the services of production, wagging the head and seriously considering measures for eliminating its own workmanship. There is no need of wasting cerebral energy to discover some method by which one can both eat his cake and have it.

There is a remedy, a specific not only for the prevention, but for the cure of the evil; a remedy that has been known and proved for centuries. It is simple—so simple indeed, as to be quite overlooked by modern magicians and soothsayers. It requires no legislation to make it applicable; it does not infringe upon the rights of the individual nor of the public; it merely requires the actual practice of what is professed by the vast majority of anarchy producing nations. This remedy is the *spirit* of Christianity, with especial emphasis placed on that manifestation embodied in the two social laws: "Thou shalt love thy neighbor as thyself," and, "Whatsoever ye would that men should do to you, do ye even so to them." At once the simplest and most efficient, it is the only solution of the problem.

Until such time as this remedy will commend itself to the wise and prudent, all sorts of methods of treatment will be invented and experimented with, and fail.

Since anarchism has reached such proportions that it has become a matter of international consultation, we would respectfully suggest a plan that would seem to have some valuable features. It would certainly save expense in the long run; it would relieve the world of the feeling of terror that is now so widespread; and it would afford an opportunity to propagandists to demonstrate the righteousness of their professions, by means of a gigantic

object lesson which the world could observe without fear, and could study at leisure. Certainly it would be a much easier and quicker way to convince doubters and to obtain converts than are the eccentric and explosive arguments now in vogue.

Let the nations pool their issues, and set apart a desirable, but isolated territory, and then deport all adult, confirmed and irrepressable exponents of anarchistic vagaries, of both sexes. Carry them to this reservation and allow them work out their salvation without let or hindrance, the one restriction to absolute freedom being enforced residence in their peculiar locality.

"Fracture of the Lower End of the Radius with forward Displacement of the Carpal Fragment."

Mr. Editor:—I shall be greatly obliged if you will inform your readers that I am particularly anxious to know of any cases of Fracture of the Lower End of the Radius with Forward Displacement of the Carpal Fragment. Notes of cases, refer-

ences to published reports, or information of specimens in museums will be of much interest to me.

Yours truly,

JOHN B. ROBERTS,
1627 Walnut Street, Phila.

A meeting of the Philadelphia County Medical Society held March 28th, the following resolutions were adopted:

Resolved, That the Philadelphia County Medical Society has heard with great sorrow of the sudden death at Lebanon, in this State, of Dr. John Rauch, of Chicago, late Secretary of the Illinois State Board of Health; a man whose interest in the cause of Medical education and whose efforts in increasing the efficiency of the medical profession and maintaining its dignity and honor have rendered incalculable service to the public.

Resolved, That this resolution be published in the Journal of the American Medical Association and in the medical journals of Philadelphia.

T. B. SCHNEIDEMAN,

Secretary.

ABSTRACTS.

MEANS OF PREVENTING THE SPREAD OF CONSUMPTION.

CIRCULAR OF PHILADELPHIA BOARD OF HEALTH.

All cases of tuberculous disease of the lungs (Consumption) taken origin directly or indirectly from other cases. This is now an established fact. Infection, however, is easily provided against if certain simple precautions are taken.

The chief modes of infection are:

First and Foremost—*By inhaling dry and pulverized expectoration.*

This is apt to occur when an ordinary pocket handkerchief is used by a tuberculous person for expectoration. When such a handkerchief is opened the dried expectoration is likely to be pulverized and diffused through the air. Thus it

may be inhaled by others as well as by the patient himself, who is likely to suffer from drawing disease germs into portions of lung previously unaffected.

Another, and the most common source of pulverized expectoration, is the habit of spitting carelessly and indiscriminately, as on the floor or ground. The expectoration becomes dried and mixed with dust and then is easily carried into the air, and is breathed into the lungs or swallowed. The habit, therefore, is not merely offensive, but dangerous.

(2). *By using spoons, cups, and other articles of the kind which have not been*

properly washed after having been used by tuberculous persons.

(3). *By kissing.*

This source of infection is especially to be guarded against in the case of children.

Self-infection may occur, in addition to the ways mentioned, *by swallowing the expectoration.* The habit is likely to lead, sooner or latter, to infection of the intestines with tuberculous disease.

There are other modes of infection, as for example, by consuming the flesh and milk of animals having the disease. But this source is less common, and, as prolonged high temperature destroys the germ, if we cook our food (including milk) thoroughly, there will be no risk of becoming infected in this way.

Knowing the channels of infection we can easily take effective precautions.

(1). *The sputum must be destroyed and must not be allowed to become dry.* A spitting cup or flask containing just enough disinfectant solution to cover the bottom of the vessel should always be used for the expectoration. Out of doors a pocket spitting flask, such as Dettweiler's, should be employed.

In the house it would be well to use a pasteboard or paper cup, which should set in a china or metallic *holder. This cup with its contents should be burned at least once a day, but if the expectoration is considerable, much oftener.

Pieces of linen or calico about ten (10) inches square may also be carried. These should be used in case of absolute necessity only, and should be burnt as soon as possible afterward. No piece should be used more than once.

(2). Bed-rooms that have been occupied by tuberculous patients *should be thoroughly disinfected* before they are occupied by other persons, and a declaration or assurance on the point should always be demanded.

If the previous occupant of the room never allowed the furniture, hangings, or carpets of the room to be contaminated with the sputum there would be little need of this precaution. But as the people ordinarily of cleanly personal habits sometimes show a surprising amount of ignorance or carelessness in this respect,

the following points should be insisted on:

(a.) Carpets, curtains and bed coverings should have been exposed to superheated steam under high pressure.

(b.) The floor and walls of the room should have been properly disinfected. Rubbing with new bread followed by the application of corrosive sublimate solution (a tablet of $7\frac{1}{2}$ grains added to a pint of water) is probably the most effective practical method.

There is no danger of infection from the mere breath of a tuberculous patient. The risk is from the dried expectoration. Danger of social intercourse arises from the neglect of the precaution described.

Fresh air is of the highest importance for tuberculous persons. Hot and stuffy rooms have an evil influence over the disease. Except in special circumstances the bed-room window should be kept open by night as well as by day.

NOTE.—The disinfection of rooms that have been occupied by the tuberculous patients, and of beds, bedding, curtains, carpets, etc., will be promptly attended to upon a notice sent to the Health Officer, City Hall. The Board of Health has erected a most extensive and complete disinfecting plant for the disinfecting of such articles as have been mentioned, and upon notification will send for them and return them after thorough disinfection at a cost merely nominal.

Toots from the Ram's Horn.

PLEASURE may be bought, but happiness never.

STARTING for heaven on a gravestone is risky business.

Habit is first a servant, then a master, then a tyrant.

THE man who succeeds as a hypocrite has to devote his whole time to it.

SOMETIMES a single step in the wrong direction is equal to a mile.

No wound can be so deep as the one inflicted by a friend.

A PRESENT sometimes costs the recipient more than it costs anybody else.

ONE person's opinion is frequently based upon the exploded opinions of others.

A FEATHER from the dove's wing sometimes guides the arrow that pierces her breast.

*Cup and holder can be procured at the apothecaries. The paper cup can be easily made at home from the original sample.

CHOLERA AND THE UNSANITARY CONDITION OF HAVRE.

Mr. Adolph Smith, the foreign correspondent, writes to the *Evening Telegraph* as follows:

In the autumn of the year 1893 I wrote some letters from Havre describing the cholera epidemic which devastated that town. After Hamburg, of the large towns in Europe, Havre was the town which suffered most from cholera. It was to be hoped that severe lesson would have been turned to some advantage, and that the town would at once proceed to undertake works of a sanitary description. I am sorry to say that as yet nothing has been done; we have had words, and plenty of words, but no action. Chiefly through the instrumentality of M. David, the town architect, an Exhibition, of Hygiene was held at Havre last year. This served as an object lesson for the population, and in that sense was useful, for it showed how houses ought to be drained. Then a great deal of time was lost in making experiments with the Hermite system, but nothing more than discussions and experiments can be recorded. The town remains as unhealthy as it was before. Last year there were some more cases of cholera, and this year a small-pox epidemic is prevailing. The day before yesterday there were six cases of small-pox, and a short time ago there were as many as thirty-three cases of small-pox in a single day. The hospitals are more incumbered now than they were during the great cholera epidemic; for though there have not been so many cases of small-pox as there were of cholera, the former disease is of much longer duration. A cholera patient often died in a few hours, or was cured in a few days, whereas a small-pox patient takes a month more to cure.

Nothing can be more disheartening than the sanitary condition of some of the streets at Havre. There are houses where it would be absolute murder to send any one to inhabit; yet nothing, it seems, can be done against these death traps. There is one house in particular where almost every inhabitant dies of consumption. The air is so foul that even the robust soon become predisposed; and, as the whole house is impregnated with the germs of tuberculosis, the inhabitants cannot fail to contract the disease. In due course they

die of phthisis, unless some other and more rapid disease sweeps them off beforehand. The Bureau d'Hygiene has rendered a great service in showing up these black spots. The institution has calculated the death-rate per street, and this on an average of ten years. We have before us, therefore, no accidental or exceptional figures, but a normal average, reckoned over a large number of years, and these figures, tell us that the worst street in Havre is the Rue de la Boucherie.

A TALE OF DEATH.

This—the Butchers' Row—is appropriately named, only it is human beings and not cattle that are butchered. The average mortality of Havre amounts to the enormous figure of 30.9 per 1,000 per annum; but in the Rue de la Boucherie the mortality during the same time was equal to 55.1 per 1,000 per annum. In the ten years there had died out of every thousand inhabitants in this fatal street no less than 551 persons. Thus but for new arrivals the entire population would be swept away in less than twenty years. The same may be said of the Rue Francois-Mazeline, where out of 1,000 inhabitants 503 died in the ten years. The other especially bad streets are the Rue du College, 45.4; Rue de la Vallee, 45.4; Rue du Petit-Croissant, 44.9; and the Rue Albante, 41.1 deaths per 1,000 inhabitants in ten years.

There are besides thirteen streets where from 35.1 to 39.2 deaths occurred per 1,000 inhabitants in the ten years. Then we have sixteen streets where the number of deaths varied from 31.2 to 34.6 per 1,000 inhabitants in ten years. Finally there are twelve streets where the deaths numbered from 25.1 to 29.6 per 1,000 in the ten years. These latter twelve streets bring us down to an annual death rate of 21.1 to 20.6 per 1,000, which being below the average of the entire town, represents healthier quarters. In the Rue des Boucheries, needless to say poverty, overcrowding, filth, ignorance, drunkenness, and wretchedness of every description, unite to kill off the population. There is especially a large proportion of Breton laborers, whose drunken and filthy habits are notorious. The streets where there is the

highest mortality are very narrow, the houses very high, and many of the rooms are never purified by a direct ray of sunshine. If we add to this the fact that there are no sewers, but all the filth flows into the street gutters, it may readily be imagined that deaths must result.

By the side of the general death-rate we have the death-rate from consumption, and we find that, roughly speaking, the deaths from phthisis are most numerous where the general death-rate is highest. Nevertheless, though this is correct, if we take groups of streets individually, it is the narrowest streets that have suffered most. Thus the Rue des Boucheries has 551 deaths and 81.1 death rates from phthisis whereas the Rue du Petit-Croiss-

ant has 449 deaths and 122.9 death-rate from phthisis; but the former street is 8.67 metres wide and the latter is only 4.95 metres. In other cases, where the narrowness of the street does not seem to correspond so well with the number of deaths from phthisis, it will be found that the houses are exceptionally high. Thus the street, though not actually is proportionately narrow. The condition of Havre, therefore, as ably demonstrated by the statisticians of the Bureau d'Hygiene, shows clearly that the want of pure air is one of the main predisposing causes of consumption. Of course this same cause increases the death-rate from other diseases, but it has a very terrible bearing upon consumption.

A CASE OF SIMULTANEOUS EXTRA AND INTRA-UTERINE PREGNANCY.

Dr. H. Gulzmler (*Arch f. Gyn.*, Bd. 43, p. 223), reported the case of a patient, aged thirty-five, who had been pregnant four times, began with fifth pregnancy in May, 1890. As a result of some injury labor pains set in about Christmas, 1890, followed by discharge of blood. During Spring of 1891 a new attack of illness, particularly characterized by acute abdominal pains, together with the belief on the part of the patient, that the pregnancy had existed since the last twelve months, induced her to consult a physician. Prof. Courroisier made a diagnosis of extra uterine pregnancy with death of the fetus.

The fetus in the abdomen could be felt on the right side of the uterus. A sound passed into the uterine cavity showed it to be 8 cm. in length. Some days after this examination there was a discharge of blood and an increase of temperature. This rise in temperature was accepted as an indication of decomposition of the fetus; and on June 11, 1891 the operation was performed. A dead fetus of about eight months was found lying in the left tube. There was no decomposition of the amniotic sac. The child and the greater portion of the placenta were removed; the sac was stitched to the abdominal wall. On the following day, June 13, a three months fetus was expelled from the uterus.

An uninterrupted recovery followed; all the remains of the placenta in the extra-uterine sac were expelled. A microscopic examination of the sac revealed that it was originally of tubul structure, which had become distended. The abortion of the intra uterine pregnancy was due to the introduction of the sound.

A collection of seventeen cases of simultaneous extra and intra-uterine pregnancy, found in the medical literature, were carefully reported, some of which consisted of twin pregnancy.

In closing the author enters into the careful examination of diagnosis, prognosis and treatment of these cases.—*Translated by M. B. Werner, M. D.*

Snap Shots.

TO BE congenial it is by no means necessary that two persons should be alike in their dispositions or tastes.

THERE is something so imposing about a silent man that we hardly ever reflect that he very probably has nothing to say.

WHETHER or not a man is reliable depends frequently upon the persons with whom he is dealing.

THE flea is the dog's best friend. It keeps him from being lazy and feeling lonesome.—*Florida Times-Union.*

SOCIETY REPORTS.

THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

February 28th, 1894.

[Stenographically Reported by C. C. Mapes, M. D.]

DISCUSSION

Of papers of Drs. Seiler, Curtin, and Watson, (See pages 457 and 490).

DR. JUDSON DALAND: Dr. Curtin's remarks with reference to the sweating sickness were of special interest to me, and one readily understands why the name was applied to this disease in olden times. His descriptions of epidemics that occurred long ago were well made.

Dr. Curtin's wide knowledge and extensive experience make anything that he says in regard to the therapy of this affection of great importance. With regard to the "grip-lung" to which he refers, this affection has for a number of years attracted my attention, particularly from a diagnostic point of view.

The physical signs in these cases often vary from day to day with extra-ordinary rapidity, in fact with such rapidity as to make one doubtful of the correctness of the first diagnosis. The pathological examinations show a mixed condition of bronchitis, catarrhal pneumonia, and collapse. These lesions occurring in different parts of both lungs, and varying with such extra-ordinary rapidity, suggests a distinctive nervous origin, and there is probably an interference with the nerve-supply of the lung.

I did not hear Dr. Curtin mention the use of strychnine and alcohol in the treatment of the general disease. The benefit derived from the use of these agents during the height of the disease is very great, and they are practically the chief remedies to be relied on. The use of the salicylate of sodium and phenacetine has given me the results which he has mentioned.

Regarding the suggestion of Dr. Seiler that this affection be called American grip, I should say that although I have not studied European grip the descriptions which I have read, and the numerous conversations that I have had with Continental physicians, have failed to convince me of any essential difference in the disease as we see it here. I therefore think it unwise to add another to the various synonyms for influenza, which name the is one to be preferred.

Dr. Seiler also states that the chief cause of death is hemorrhage from the mucous membrane. In my experience the chief cause of death has been the pulmonary complica-

tion. With regard to the use of benzoate of sodium, I do not think that the favorable result described could be expected in many cases as seen in general practice.

With regard to the effect of quinine in the production of insanity and other mental disturbance in influenza, although I have seen many cases of influenza, most of which have received quinine, I have yet to see a case in which the causal relation between the mental condition and the use of quinine could be established.

DR. J. SOLIS COHEN being called upon by the President, said: I came here to listen, and have not prepared myself to take part in the discussion. I remember the initial papers of Dr. Glasgow and of Dr. Seiler very well, but while Dr. Glasgow named the disease "it," he distinctly stated that in his reading he could not find anything that resembled it except the old records of influenza. This was a very acute observation, made, as it was, three or four years before the epidemic became pronounced. My own earlier cases were treated exactly as Dr. Glasgow had recommended—that is, with benzoate of sodium, and I do not now know of any treatment that acts better than putting the patient at rest, giving benzoate of sodium in ten-grain doses every hour or few hours until the kidneys are acting freely, and then continuing it less frequently. Strychnine, acting as it does on the terminal nerve fibres, is of great service, for the disease exerts its baneful influence markedly on the terminal nerve fibers of the structures concerned in the nutritory and circulatory systems.

The class of cases that I have seen suggests that this disease is largely a disease of the lymph and circulatory systems. We know that the nasal lymphatics are in close connection with the sub-dural space, and in many of the cases where the nasal symptoms are severe, we have severe meningitis and those conditions which render the patient despondent, as a direct sequence by continuity of structure. The profound impression on the nutrition shows also that the lymph system is very much affected.

In the history of previous epidemics of this disease marked reference has been made to different varieties, such as the pulmonary, gastro-intestinal, and other forms of influenza,

and I have asked a number of my friends in general practice, whether they had observed in recent epidemics as many miscarriages as had been described in previous epidemics. I found that, with the exception of the epidemic of 1889-90, there had not been so many noted.

Another reason for regarding this as largely a disease of the lymphatic system is the occurrence of the affection of the throat described by Dr. Seiler: that peculiar puffy condition which looks apparently like oedema of the larynx and oedema of the palate. When you incise these parts, however, you do not get a serous fluid. Sometimes you have blood and sometimes a mucoid material, or lymph which may exude in long, continuous strands.

Now as regards the use of quinine in influenza, I have often been asked what can be done to prevent the occurrence of the disease in unaffected members of a family in which it has appeared. I have always advised the use of quinine in ten to fifteen grain dose early in the morning. I am satisfied that large doses often act as a preventive, and that in these cases the quinine does not so readily produce the ordinary symptoms of cinchonism.

In using strychnine I think that the best preparation is the arseniate, which I give in the granules dosimétriques of Burggraeve, containing one-half a milligramme, or about one hundred and twenty-fifth of a grain. The patient takes three to six or more granules a day, and continues it for a month or two. In that way many of the sequelæ can be prevented.

DR. FRANK WOODBURY: I look upon influenza as essentially an intoxication. In Europe epidemic influenza, or the grip, is now pretty well accepted as having for its cause the bacillus of Pfeiffer. It is stated that pure cultures of this bacillus will reproduce the disease in animals, thus fulfilling the requirements of a specific, infectious germ. Pfeiffer's bacillus, however, is like the tubercle bacillus often found in association with the staphylococcus and the streptococcus and other bacteria of suppurative, thus accounting for the organic inflammations. As the influenza bacillus is not found in the blood, it probably acts by its products principally upon the nervous system.

It is very possible that the germ of influenza may have suffered some modification in its development and pathogenic effects, owing to different climatic conditions in this country from those of Europe, so that we should not be surprised to find modifications in the course of the American disease, such as Dr. Seiler insists upon. That there is any etiological difference between the two kinds of epi-

demie influenza has not been suspected; possibly Dr. Seiler's observations may have been upon an entirely distinct disease.

The portal entrance of the poison into the system is worth considering. In most cases the culture ground of the bacillus is probably located in the upper air-passages, and I am inclined to think that the tonsils and nasopharynx are the special points of election. In others the bronchial mucous membrane is most affected, while in other cases the gastrointestinal canal is the particular place of development. It has occurred to me that, just as in the administration of morphine hypodermatically, the effects of the drug are most marked if injected in the neighborhood of the seat of the pain, although we know that the drug acts through the general circulation, in a similar way the well recognized varieties of influenza may be connected with the several culture-fields of the bacillus, the toxine acting most virulently in its immediate neighborhood, producing cerebral, gastro-intestinal, or broncho-pulmonary phenomena, which have been alluded to.

This leads me to speak of the prophylaxis of influenza. I can indorse what Dr. Cohen has said with reference to quinine. I employ it as much for antiseptic and prophylactic purposes as for its tonic effects. The mouth and throat should be kept clean by the use of mild antiseptics, and the nasopharynx by the use of Seiler pastilles or Dobell's solution, and the throat carefully watched. There is no question in my mind that the disease is contagious; when it appears in one member of the family others are liable to be affected. This has been established by the local epidemic which was reported by Drs. J. Wm. White and Simes to this Society several years ago. It will be remembered as the case of Dr. S. S. White, who died of influenza in Paris, and whose body was brought to his home in this city, whereupon a number of persons who were in the room when the casket was opened contracted the disease although there were no other cases in the city at the time.

In the few cases where I have used benzoate of soda, I have been pleased with the result. I have especially relied on strychnine, given in the acid solution of the hypophosphites according to the formula of Dr. Gerhard. The strychnine is given in doses of 1-32 of a grain, gradually increased. With this I have used cocoa, and in regulating the diet I have found the juice of fresh fruits, such as the orange and pineapple, to be of service in assisting the weakened digestion. These juices have been shown to have considerable peptonizing power over albuminoids, and the salts they contain possess diuretic and antiscorbutic effects which are useful in improving the condition of the blood.

DR. WILLIAM S. STEWART: There is a great variety in the manifestations of influenza, but the ordinary influenza which is so common in this country, is certainly very contagious. The influenza of la grippe is a different affection from the ordinary influenza. I do not think that it is particularly contagious. I have seen grave and serious cases where no other member of the family was affected.

In regard to treatment, I wish to say a word as to the bromides, particularly in those cerebral cases that would be affected by quinine. I have combined the bromides with gelsemium with great benefit. In some of these cases, if you give quinine you only intensify the pain and delirium. When the cerebral suffering is relieved then it is important to give iron, quinine, and strychnine, and it may be aromatic spirit of ammonia, to tone up the system and to overcome the heart-depressing effect of the disease.

DR. COHEN: I am pleased to note that Dr. Curtin and Dr. Watson in some of their conclusions confirm those which I published in an article upon "Catarrhal Fever," contributed to the *MEDICAL AND SURGICAL REPORTER*, October 29, 1887, some time previous, therefore, to the enlarged experience which we now have. One point which I endeavored to make was that influenza is always with us, but that except in times of widespread epidemics it was only recognized as such by those who, through teaching or early experience, had had their attention specially directed to it. This is, I think, an important matter and will bear emphasizing.

I am also glad to note that experience has confirmed the usefulness of the salicylates in this disease. In the cases which came under my observation in 1885, 1886, and 1887, and upon which the paper referred to was based, I had found cinchonidine salicylate apparently curative, and so reported. I have more recently used sodium benzoate in early cases with much benefit, especially those in which there was a tendency to suppression or great diminution of urine or which exhibited severe pains in the loins.

The value of strychnine in the prevention and treatment of the distressing sequelæ cannot be overestimated. The drug should be given in small doses frequently repeated.

Drs. Curtin and Watson emphasize the great sweating; I have been much impressed with this in my own experience. I remember one case in an old man, in 1889, in which profuse sweating and subnormal temperature were the only objective symptoms of the disease. This continued for two weeks, and I am satisfied that if that patient had not been put to bed and kept there with the external application of heat and with the administration of hot drinks, of cocaine, and restora-

tives, he would have died, almost without realizing that he was sick. He had complained merely of discomfort in the throat, nothing to account for the symptom being discernible on examination.

DR. SAMUEL WOLFE: I have observed a considerable number of cases of the intestinal form in which the symptoms resembled those of dysentery, but the affection yielded to the same treatment as did other forms of grip. The affection of the nervous system is a very large element in the disease, both in its onset and its sequelæ. The variability of the seat of attack shows this to be the case. The sequelæ—insanity, meningitis, and neuritis—point to a secondary poison affecting the nervous system. Many chronic nervous affections date back to an attack of grippe.

Influenza is comparable to diphtheria inasmuch as we have the acute symptoms due to primary poisoning and the secondary symptoms due to poisons generated during the disease.

I would take exception to the statement that influenza is similar to the ordinary colds which we always have with us. The best treatment for an ordinary cold is trying to shake it off; this in influenza would lead to prolonged convalescence or sequelæ. The most valuable element in the treatment of influenza is rest. The patient can do better without any drug than without rest. This rest should be prolonged until the patient can make efforts without tire. This difference alone proves that influenza is dissimilar to an ordinary cold.

As to therapeutics, I believe that quinine is one of the best remedies, not in one large dose, but in smaller doses frequently repeated (4 grains every two hours) until some cinchonism is produced, and this should be brought about in the early part of the day. I would rather do without any other drug than give up quinine. In the intestinal form, salol is a valuable remedy, and may be combined with quinine. The neuritis is to be treated like other forms of neuritis. Hypodermatic injections of cocaine (in doses of from one-eighth to one-half grain) near the seat of pain, and repeated twice in the twenty-four hours, relieves the pain not only for a short time but permanently, and brings about an earlier convalescence.

DR. COHEN: Replying to Dr. Wolfe, I did not mean to say, and I trust I did not say, that influenza is the same as in ordinary cold, but I wish to emphasize the fact that influenza is not merely an epidemic disease, that it is seen every year and every month, and that many cases of influenza are ordinarily mistaken for "colds," for acute catarrhs of nose, throat, bronchi, stomach, or intestines, and even in some instances for typhoid fever and for rheumatism. Influenza is at

times the easiest and at other times the most difficult disease to recognize. The opinion of those who have most closely studied the affection is that it is a disease of intoxication, due to a specific poison, depressing the organic nervous system. This poison may be the result of the development of a microbe, but as yet this microbe has not been definitely proved to exist. In consequence of the organic nervous depression we have, for example, labored respiration from pneumogastric failure even when the lung cannot be shown to be much involved. The general depression and the severity of symptoms not to be accounted for by signs discoverable upon physical examination, differentiate the disease from ordinary "colds." Besides this disproportion of symptoms to signs, there are a number of minor points—for example, general soreness or aching, or localized pain, such as infra-orbital or supra-orbital neuralgia, and the neurotic character of many symptoms such as dyspnoea and cough, and cutaneous hyperaesthesia. The general course of the affection is likewise significant. It is rarely confined to a single physiologic apparatus, but beginning as a coryza or a tonsillitis may end as a diarrhoea, or beginning with gastric symptoms terminate as a broncho-pneumonia or a laryngitis.

When the true nature of cases is not recognized and they are allowed to go untreated, or rest is not part of the treatment, serious sequelae are often developed. It was the observation of such sequelae, and especially of chronic broncho-pneumonia in children attending the Medical Dispensary of the Jefferson Medical College Hospital during my early years of service there, that first impressed me with the facts recorded.

DR. SEILER: The diversity of opinion as to symptoms and treatment lies in the fact that we indiscriminately speak of grip, influenza, and la grippe. We also speak of fever and catarrhal pneumonia. High temperature does not constitute fever. The disease consists of infiltration of the mucous membranes as a result of an intoxication. In American grip, the benzoate of soda is the best remedy. In influenza, quinine is of service. The treatment of the sequelae is to be guided by their character.

DR. CURTIN: As to the effect of quinine, as stated by Dr. Seiler, I recall three cases of insanity following influenzal attacks, which occurred before any treatment was instituted.

DR. WATSON: It may be that Dr. Seiler has in mind catarrhal fever. In that affection there may be low temperature, moist tongue, and all of the symptoms which he has described.

As to antidotes, I have used benzoate of sodium in many cases, but did not get any better results than from other remedies, as salicin and the salicylates. I have seen five

cases of insanity following influenza where quinine was not used, and many cases persistently using it which did not become insane. This should be distinctly stated lest Dr. Seiler's experience should be understood to be the usual one.

Pental an Excellent Anæsthetic.

P. F. Feodoroff has experimented with pental in general surgical anæsthesia. This very stable substance does not become decomposed either in light or air; its specific gravity is about that of ether, and, like this latter, it is very volatile. Care must be taken to keep this substance removed from the fire; it burns with a very bright flame, but it has no explosive properties. The vapor of pental does not irritate the mucous membrane. According to Feodoroff, the duration of pentanalization is from one to two minutes, and, the condition of anæsthesia once induced, it may be prolonged from two to five minutes. In about 50 per cent. of the cases the radial pulse is not modified, but otherwise the pulsations become more frequent, and sometimes there is arrhythmia. It is principally during the first minute that disturbances of the circulation shows themselves; it is therefore, very necessary to be circumspect during the primary inhalations, and not to have recourse to the concentrated vapor of pental, except after the first minute, when the action of the heart will already be regularized. It is important to call attention to two peculiar effects of the drug: 1. Analgesia occurs while consciousness is still retained; the patient executes all the orders of the physician, feels the contact of the instrument, but does not feel pain. It would, however, be imprudent to operate before the complete loss of consciousness; the majority of accidents which have happened during the use of pental were due to reflexes occurring in subjects insufficiently anæsthetized. 2. From ten to fifteen minutes after a first administration of the drug it may again be used without its action being weakened; it would even appear that the subjects are still more susceptible to its effect. One must also be careful never to operate with a patient in a sitting posture, but always in the recumbent position, for fear of dangerous accidents. To resume: Pental is an excellent anæsthetic in operations of short duration.—(From *Univ. Med. Journal*).

A METHODOICAL man died in Berlin recently, at the age of seventy-three. When eighteen years old he began keeping a record, which he continued for fifty-two years, which is the best commentary we have seen on the life of a mere worldling. His life was not consecrated to a high ideal. The book shows that in fifty-two years this "natural man" had smoked 628,715 cigars, of which he had received 43,682 as presents, while for the remaining 586,021 he had paid about \$10,433. In fifty-two years, according to his bookkeeping, he had drunk 28,786 glasses of beer and 36,085 glasses of spirits, for all of which he had spent \$5,340. The diary closes with these words: "I have tried all things, I have seen many, I have accomplished nothing."

CURRENT LITERATURE REVIEWED.

IN CHARGE OF ELLISTON J. MORRIS, M. D.

THE ANNALS OF GYNÆCOLOGY AND PÆDIATRY

for March. Dr. J. F. W. Ross contributes a paper on

Influences Affecting the Results in Abdominal Operations.

He considers the subject under four heads: 1. The influences inherent in the patient. 2. The influences closely connected with the character of the operation. 3. The influences due to the atmosphere and surroundings of the place in which the operation is performed; and 4. The influences brought to bear upon the patient by the details of the after-treatment. In regard to the first of these heads, he thinks that while pus in wounds that have been made under aseptic or antiseptic precautions may at times be due to the conditions of the air or some carelessness on the part of the operator, it also may be due to some condition inherent in the patient. Conditions of the patient affecting the result of abdominal operations or of any operation, are scrofula, anæmia, malarial poisoning from bad drainage and impure drinking water, and perhaps a condition produced from eating improper or insufficient food. In such cases the system is unable to provide the proper barrier against infection, and, as a consequence, the wound does not heal kindly, and the patient does not do well from the very first. The presence of the tendency to bleed may seriously affect the results of the operation, as may also any organic disease in other viscera. The author dreads operations on patients suffering from renal disease more than in cases of heart disease. If the renal disease is sufficient to produce an œdema of the tissues the wound does not heal as kindly as it otherwise would do. The mental condition of the patient may also affect the result and the author reports a case in point in which the operation for the removal of a simple ovarian cyst was followed by an acute mania, due to fright. She died on the eighteenth day after operation. In this case it is interesting to note that the patient's brother was burned some years previously and that when the burn had healed he became maniacal and died insane.

In regard to the influences due to the atmosphere and surroundings of the place in which the operation is done, the author is of the opinion that we have been taught to pin too much faith to antiseptics and that we should learn to look further and pay greater attention to other matters than we do. He would not, however, discard antiseptics. He has found that "when the peritoneum has been opened in a contaminated atmosphere and closed again, the antiseptics prevent wound-contamination and assist the wound to heal kindly, but the poison introduced into the peritoneum at the time of operation is sufficient to produce irritation with a little more distention than one cares to see, with a little

higher temperature and pulse than one cares to see, and, though the patient recovers, the progress of recovery is not as free from incident as it ought to be." He is satisfied, also, from his own observations that the entrance of a septic case into a building in which abdominal operations are being done on the same floor or the floor above, has an influence for evil on the results. When a patient dies from peritonitis after the removal of a simple ovarian tumor, where there can be no infection from within owing to the nature of the disease, he considers it of the greatest importance to criticise carefully the surroundings of the patient at the time of operation. He raises the interesting question of how far the fact of the operator having passed through an attack of contagious influenza just previous to the operation affects the result. He also thinks that cases operated on in isolated houses among the middle class, when the house has been put in thorough order before the operation, and when a trained nurse has been employed, have done better than any others. Each house thus becomes a little private hospital with one bed.

As to the influences brought to bear on the patient by the details of the after-treatment, the author is of the opinion that "a drainage-tube should be used after separation of many adhesions, and after washing out the abdomen for the removal of peritoneal fluid or septic material. When used for the detection of hemorrhage it should be removed in a few hours; when used after washing out the peritoneal fluid or septic material it should be used for a few days, and when removed a rubber drainage-tube should be passed through its centre, and left *in situ* for a few days longer, so that any subsequent collection of pus may readily find a track through which to burrow to the surface. When hysterectomy is performed by the extra-peritoneal method, and there have been many adhesions to contend with, a drainage-tube should be used for a few hours above the stump. When hysterectomy is performed by the abdomino-vaginal method a drainage-tube should be passed into the *cul-de-sac* of Douglas from the front, even though the vagina be packed with iodoform gauze. The tissue around the cervix has a tendency to ooze, and enough blood may lodge in the *cul-de-sac* of Douglas to set up a fatal peritonitis."

The author condemns the use of so-called capillary drainage, produced by packing the glass-tube with iodoform gauze, and considers the practice a dangerous innovation. Where the drainage tube is used to detect hemorrhage, its usefulness is lost when packed with gauze. To check the hemorrhage it is necessary that the pelvis be kept dry. While blood-clot may be left in the pelvis with safety in some cases this does not apply to pus cases, where the blood is readily infected.

He has also come to the conclusion that peritoneal fluid is very apt to become infected,

and when peritoneal fluid is present in any quantity at the time of operation, as in cases of papilloma of the ovaries or tubercular peritonitis, it is better to wash out and drain the cavity than to draw off the fluid and close the cavity; the water thus takes the place of the peritoneal fluid, and, owing to its chemical composition, is not as apt to become infected. The large quantity of albumen found in the peritoneal fluid in these cases must make it an admirable culture medium.

He does not place much reliance on the efficacy of purgatives for the relief of peritonitis following abdominal operations and thinks that they are not of the value that many authors would have us believe. It is better not to operate at all than to do an incomplete operation for the relief of pus-tubes or suppurating ovaries.

Dr. Charles P. Noble discusses

Profuse Menstruation.

The following are the conclusions arrived at by the author:

1. Menorrhagia in young virgins is usually functional, due to disturbances in the vaso-motor nervous system, or to relaxation of the tissues; in general caused by the rapid growth which at times takes place about the time of puberty. Because of its pathology, menorrhagia in young virgins is usually curable by general treatment.

2. Menorrhagia occurring in young child-bearing women is usually due to some mishap in connection with pregnancy or parturition, such as the retention of products of conception, laceration of the cervix or perineum, retro-displacement of the uterus, subinvolution, inflammation of the uterine appendages, and pelvic congestion. Menorrhagia in this class of women is curable. It usually requires local treatment of an operative nature. When due to subinvolution and malpositions of the womb, operation is unnecessary.

3. Menorrhagia in women approaching the forties and in those who are older is usually due to gross diseases of the uterus, such as fibroid tumors, polypi, adenoma, or malignant tumors. Menorrhagia occurring in this class of women, except when due to advanced malignant disease, is curable, but almost invariably requires operative treatment applicable to the disease present in the particular case.

4. As menorrhagia is a symptom and not a disease, an exact diagnosis is requisite in every case. With the exception of young virgins it is desirable that a physical examination of the pelvic organs be promptly made. The importance of this examination is the greater with the increasing age of the patient. Special considerations should influence the practitioner to postpone the local examination in the unmarried unless it be reasonably certain from the symptoms that gross local disease is present.

5. There is no treatment for menorrhagia *per se*. By general measures, such as rest in bed and the use of digitalis, strychnine, and ergotine, pelvic congestion can be lessened, and in that way menorrhagia can be, at least

in part, controlled; but it cannot be too strongly insisted upon that in every case of menorrhagia an exact diagnosis must be made and the appropriate treatment addressed to the disease which is present.

The same author also describes "A New Uterine Curetting Forceps" and "The Perfect Needle Holder." Cuts of these instruments are given.

Dr. J. Adrian Goggans discusses the

The Treatment of Chronic Diseases of the Uterine Appendages.

Endometritis he regards as the most serious of the diseases peculiar to women from its consequences. He treats these cases by rest, vaginal irrigations, sitz baths, and in some cases ergot and hydrastis. Locally, he applies every fourth or fifth day some mild cauterizing agent, and generally prefers a solution of iodized phenol in glycerine, to the entire uterine mucous membrane either with or without previous dilatation, and follows this up with tampons of cotton (saturated with boroglycerine) in sufficient quantity to elevate the uterus. The principal signs which indicate that an operation should be performed are:

1. Those attending pelvic peritonitis, accompanied by tortuous and distended tubes, which may usually be felt in Douglas' pouch behind the uterus. This condition may be preceded by the history and symptoms of an abortion, a gonorrhoea, or a tubal pregnancy.

2. The physical signs of large and tender ovaries due to chronic abscess.

3. The physical signs of prolapsed and tender ovaries, accompanied by irregular hemorrhages, and incapacitating pains.

4. Some few cases where dysmenorrhoea is the principal symptom, with a probability of its being kept up by chronic disease of the ovaries and tubes.

5. Where hemorrhage is the principal symptom, accompanied by the ordinary signs of grave pelvic disease.

6. In a few cases of general peritonitis preceded by the symptoms of rupture of a pre-existing abscess, ovarian abscess, pyosalpinx, or abscess in the appendages developed during the progress of puerperal septicæmia.

Dr. R. S. Sutton, in a paper on "The Treatment of the Pedicle in Hysterectomy," says he is in doubt if any method can be uniformly depended on, yet every case should be considered on its own merits. The elastic ligature or the wire serre-nœud is a good method if the patient is not too fat, and amateur operators will do well to begin with it.

John G. Kerr, M. D., of Canton, China, contributes a translation of "The Tat Shang Pin, or Midwifery made Easy" a popular work on midwifery among the Chinese, in common use among the people, and the standard authority in all difficulty cases.

In the department of pediatrics is the report of the proceedings of the Section on Pediatrics of the New York Academy of Medicine. Dr. William P. Northrup presented a paper on "Scorbutus in Infancy" a review of which has been published in the issue of THE MEDICAL AND SURGICAL REPORTER for March 31st, 1894, page 476.

THE VIRGINIA MEDICAL MONTHLY

for March contains a paper by Dr. I. S. Stone on

The Importance of Early Diagnosis of Cancer of the Uterus.

The author thinks that the uterus should not be removed save when the disease is confined to the cervix. If the disease has extended to the body of the uterus, it may be taken for granted that it has extended elsewhere, and cannot be entirely removed, in which case, thorough curetting and actual or chemical cauterization afford not only relief from pain, hemorrhage, etc., but probably prolong life as much as the more dangerous extirpation. The author urges that some effort should be made to arouse the general practitioner to an appreciation of the importance of watching patients more closely in order that the cases should be dealt with before they become hopeless.

Membranous Croup.

is discussed by Dr. John Dunn. The author believes that croupous laryngitis and laryngeal diphtheria are two separate and distinct diseases. The great difficulty of curing this disease lies not so much in the nature of the disease itself as in the region it has chosen to manifest itself. When the case is seen early, before the membrane threatens the closure of the larynx, the author advocates the administration of three or four grains of calomel with a quarter of a grain of ipecac and five grains of bicarbonate of soda, to be followed after four hours by a dose of castor oil. Pilocarpin may be given, provided the patient is robust and the case seen early enough. The usual expectorants and emetics should be avoided after the formation of the membrane, and the author sees little use for them at any stage of the disease. The writer advocates a warm, moist atmosphere for the room, believing it favorable to the casting off of the membrane. He also advises the impregnation of the air of the room with tar, which may be done by putting a table-spoonful of the ordinary commercial tar in half a pint of water and letting the steam from this pass into the room.

Tracheotomy should not be deferred till the patient is in the arms of death. The author favors the low operation, when it is possible, for the reason that the lower opening of the tracheal canula is then below the line of the membranous deposit.

Dr. W. E. Fitch, contributes a paper on

Summer Complaint.

The treatment, according to the author, should be conducted on the following lines: First. The child's strength must be sustained, and in all efforts to cure the disease, its general welfare must at all times be closely watched; nor must its frailty be overlooked. Second. Removal of intestinal contents. Third. Regulation of diet. Fourth. Administration of intestinal antiseptics. Fifth. Combating special symptoms. Under no circumstances should the natural diarrhoeal discharges be trusted for the removal of the

intestinal contents. The author advocates the use of calomel in one grain doses, every four hours, followed by a dose of castor oil. For children under one year, he makes the dose of calomel one-half grain. After the bowels are freely moved, the number of stools will generally grow less; but the persistence of dangerous nervous symptoms should invariably lead to a suspicion of retention of poisonous feces. The author finds it difficult to get the mothers to withhold food from the child for a sufficient time to enable the poisonous material to be thrown off; therefore, he has given up the practice. When the stools are putrid, with an intensified fecal odor, it indicates the decomposition of proteid material. No other kinds of food can give rise to putrid odor except the albumins. In such case it is clear that the albumins should be withheld. While proteid food is withheld, one or more of the carbohydrates may be given. Of these arrow-root is theoretically the best; but the author has found that fresh soda crackers answer the purpose better. Rice may be allowed but children seldom like it. He has often allowed a baked potato without ever regretting it. Sterilized milk he regards as useful in the prophylaxis of summer complaint but not its cure.

Acid-smelling stools are due to the fermentation of the sugars and starches, but if you withhold all carbohydrates and put the child on cow's or breast milk, you will set up a putrid form of the diarrhoea, and transform a comparatively harmless form of the disorder into a harmful one. In mild cases you can still allow carbohydrates in small quantities; but if the case is severe and the child weak, withhold all carbohydrates for twenty-four hours, or until the tenesmus and tormania subside. On returning to food, milk alone should be allowed, as the carbohydrate which it contains (milk-sugar) is the least liable of any to continue the disturbances.

Whatever food is given in summer complaint should be carefully regulated qualitatively, and should be given in small quantities at regular intervals of considerable duration. Just enough food to maintain the child's strength is all that should be allowed. If the child is wet-nursed it should only have the breast at regular intervals—about every four hours.

The author has never had any success with lavage of the bowel. The author has frequently used the following prescription with success:

R Bismuthi subnitrat..... 3ijj
Pepsin saccharat..... 3iss
Salol..... 3j

M.—Make charts No. 12.—Sig. One before or after each feeding or nursing to child of ten to fourteen months old.

Opium is a drug much used and abused in this disease. In the acid form of the disease, while systemic poisoning is not present and where there is much pain and tenesmus, opium is indicated. Here the deodorized tincture is preferable, administered in chalk mixture with subnitrate of bismuth, which also has an astringent action. Still, however,

the pain may be assuaged by heat, and the bowel movements controlled alone by bismuth, while the use of opium is *entirely* dispensed with.

Dr. I. S. Stone reports a "Series of Twenty-five Abdominal Sections" with three deaths—one from shock, one from general peritonitis, and the other from sepsis and the pressure of a large tumor. The author states that he has never yet found an ovarian cyst in a negress.

Dr. N. L. Guice reports a case of

Masturbation in a Female Child Eleven Months Old.

The fingers of the right hand were firmly placed upon the vulva and the left leg brought across the right in position to increase the pressure, and was thus held in a condition of rigidity. Thus the child lay upon the back with the entire voluntary muscular system in a condition of tonic rigidity, the eyes closed and face and lips distorted. The fact that pleasure was experienced by the little victim was clearly evident; and when caused to desist, she would cry vigorously. Let alone, she would at once resume the practice, taking always precisely the same position.

Upon examination, the vulva was found to

be normal, excepting the clitoris and minor labia, which were somewhat enlarged. Titillation of the clitoris would promptly bring about the muscular rigidity and other evidences of enjoyment, as exhibited when the child herself was masturbating.

The practice had probably been inaugurated by a colored nurse in order to secure quietude of the child. To break up the practice, the right hand was secured in a sling about the neck, and the thighs separated by means of a stick attached to either limb above the knee, to prevent approximation of the thighs. Added to this, the child was kept as much as possible in the arms of the mother when awake.

Dr. Hunter McGuire reports a case of "Tuberculosis of the Bladder" and advocates supra-pubic drainage of the bladder and rest, in the treatment.

Other papers in this issue are:

"Diseases of the Skin," by James C. McGuire, A. M., M. D.

"The Care and Treatment of the Insane in Private Practice," by J. T. Wilson, M. D.

"Some Nervous Effects of Digestive Disorder," by A. K. Bond, M. D.

"Ovarian Cyst—Laparotomy—Prolonged Delirium, etc.—Recovery," by R. S. Martin, M. D.

PERISCOPE.

IN CHARGE OF WM. E. PARKE, A. M., M. D.

MEDICINE.

Puerperal Sepsis; Its Prophylaxis and Treatment.

Dr. Robert A. Murray, read a paper with this title. Antisepsis during labor, he said, was believed to be as necessary as in surgery. Three antiseptics could be managed easily—corrosive sublimate, carbolic acid and creolin. The prophylaxis should begin with a bath and a change of clothing. The vulva especially should be cleansed carefully. A new rubber cloth should be spread over a clean sheet, and over the rubber there should be a draw-sheet. The importance of an enema should not be forgotten. A vaginal injection of a 1-to-3,000 solution of corrosive sublimate or of a two-per-cent solution of creolin should be given before labor, but usually not after it. Creolin was to be preferred to corrosive sublimate, because it was something of a lubricant, while corrosive sublimate was distinctly astringent, and so facilitated laceration. An antiseptic pad and napkin should be applied, and never removed except for examination, which should not be more frequent than was actually necessary. The physician's hand should be scrubbed thoroughly and immersed in a 1-to-2,000 solution of corrosive sublimate or a two-per-cent solution of creolin. The antiseptic pad should be applied again after the

birth of the child and before the expulsion of the placenta. Retained membranes and pieces of placenta should be removed at once by the aseptic hand, and then an intra-uterine douche should be given. Fluid extract of ergot, in half-drachm or drachm doses, was to be recommended in the majority of cases. After urination an antiseptic solution should be applied. When there was a bad odor to the discharge a vaginal douche was to be ordered, but if the remaining finger showed that the foul discharge came from the uterus, it must be thoroughly curetted and a single intra-uterine douche given. In prolonged cases instruments were to be employed. The nurse should never be allowed to examine a patient. In case of sepsis, the same general plan of antisepsis should be followed, but the vagina ought to be inspected so that the diphtheritic membrane might not be carried into the uterus.—*N. Y. Med. Jour.*

The Use of Chloroform in Gynecology and Obstetrics.

Brennecke (*Munchener Med. Wochenschrift*) reaches a different conclusion from many observers with regard to the action of chloroform on the kidneys. He calls attention to the fact that where the patient has no bad symptoms after anæsthesia, albumin is invar-

ably absent from the urine, and *vice versa*. Serious renal troubles may develop after the administration of chloroform in patients who showed no previous evidences of the same. Albumin in casts (nearly always hyaline) usually disappears from the urine within a few days, coincident with the disappearance of unfavorable general symptoms, such as nausea, loss of appetite, etc.

The writer concludes that chloroform should be administered only when it seems to be absolutely necessary, and that it is contra-indicated in cases of renal disease. With the exception of fatty degeneration, he thinks that its use is attended with less danger in organic cardiac than in renal affections. He furthermore advises that its use in midwifery be limited, and that it be excluded in the treatment of eclampsia(?)—*American Journal of Medical Science*.

Dry, Scaly Conditions of the Epidermis.

Dr. Gordon Sharp (Leeds), for the prevention and treatment of chapped hands, and as an antiseptic and deodorizer for the hands advises:

R Spirit of camphor,
Spirit of nitrous ether,
Strong acetic acid, of each, 1 part.
Mix and add glycerin, 13 parts.

Wash the parts with warm water; dry, and rub in the liniment at bed-time. The application dries in a few minutes. It may be applied again in the morning, and washed off in a few minutes. Owing to the production of acetic ether, the application has an agreeable odor.—*British Medical Journal*.

Diphtheria.

As a local remedy, MM. Knopf and Levy, of Strassburg, employ:

R Papayotin 5iiss.
Liquefied carbolic acid 3i¼
Water.....q. s. ad 5ij—M.

The throat is painted with the above mixture every ten minutes during the first two hours. Subsequently it is used once every second hour.—*La Med. Mod.*

Ten Tests for Death.

An English physician writes to the *London Lancet* that he was called to see an old lady who was believed to be dead, but whose countenance looked natural and life-like, the eyes being open. The family, being extremely anxious, urged that all the tests of death be applied, and this was done in the following order:

1. Heart sounds and motion entirely absent, together with all pulse movement.
2. Respiratory sounds and movements absent.
3. Temperature of the body taken from the mouth the same as that of the surrounding air in the room, 62° F.

4. A bright needle plunged into the body of the biceps muscle (Cloquet's needle test) and left there, showed on withdrawal no sign of oxidation.

5. Intermittent shocks of electricity at different tensions, passed into various muscles and groups of muscles, gave no indication whatever of irritability.

6. The fillet test applied to the veins of the arm (Richardson's test) caused no filling of the veins on the distal side of the fillet.

7. The opening of a vein to ascertain whether the blood had undergone coagulation, showed that the blood was still fluid.

8. The subcutaneous injection of ammonia (Monte Verde's test) caused the dirty-brown stain indicative of dissolution.

9. On making careful movements of the joints of the extremities of the lower jaw, and of the occipito-frontalis, rigor mortis was found in several parts.

Thus of these nine tests, eight distinctly declared that death was absolute—the exception, the fluidity of the blood, being a phenomenon quite compatible with blood preternaturally fluid and at a low temperature, even though death had occurred.

10. There now remained the diaphanous test, which was carried out by the aid of a powerful reflector lamp yielding an excellent and penetrating light. The writer says: "To our surprise the scarlet line of light between the fingers was as distinct as it was in our own hands subjected to the same experiment. The mass of evidence was of course distinctively to the effect that death was complete; but, to make assurance doubly sure, we had the temperature of the room raised and the body carefully watched until signs of decomposition had set in. I made a visit myself on the succeeding day to assure myself of this fact."—*American Lancet*.

Lumbricoid Worms in Young Children.

Miller (*Jahrbuch für Kinderheilkunde*, Vol. xxxvi, part 3, 1893), reports a case of a child, three weeks old, who passed an ascariis under the following circumstances: The child was born July 10th. On July 17th the cord separated, on the 18th inflammation of the umbilicus began, which terminated in a gangrene of the navel, with perforation of the small intestine, which was bound to the belly wall at that point. The child constantly thereafter passed the stool through the artificial anus. On August 4th a living female round worm was passed from this opening; it measured six inches in length. This is the only case in which so young a child has been known to pass a lumbricus. The infection in this case, the author thinks, probably took place through impure water used in the milk, or in washing the nipple. He does not consider that the worm had any causative effect in the perforation of the intestine.

HER MOTHER.—I am surprised at Charles squandering so much money on a phonograph. The Wife.—I am not. He always did like to hear himself talk.—*Brooklyn Life*.

ARMY AND NAVY.

U. S. ARMY FROM MARCH 18, 1894, TO MARCH 31, 1894.

Captain William R. Hall, assistant surgeon, is relieved from duty as attending surgeon and examiner of recruits at San Francisco, California, to take effect upon the completion of his examination for promotion, and will then report in person to the commanding officer, Whipple Barracks, Arizona, Ty., for duty at that post.

So much of par 8, S. O., No. 60, March 12, 1894, from A. G. O. as relates to First Lieutenant Harlan E. McVay, assistant surgeon, is amended to direct him, on being relieved from duty at San Carlos, Arizona, by First Lieutenant Straub, assistant surgeon, to report in person to the commanding officer, Fort Huachuca, instead of Whipple Barracks, Arizona Territory.

Major Henry M. Cronkhite, surgeon U. S. Army, is relieved from duty at Fort Clark, Texas, and ordered to report in person to the commanding officer, Fort Reno, Oklahoma Ty., for duty at that post, relieving Capt. Wm. C. Gorgas, assistant surgeon. Capt. Gorgas, on being thus relieved, will report to the commanding officer, Fort Barrancas, Florida, for duty at that post, relieving First Lieutenant Robert S. Woodson, assistant surgeon.

First Lieutenant Robert S. Woodson, assistant surgeon, on being relieved by Capt. Gorgas, will report in person to the commanding officer, Fort McIntosh, Texas, for duty at that post and for field duty in the Department of Texas, relieving First Lieutenant Benjamin L. Ten Eyck, assistant surgeon. Lieutenant Ten Eyck, on being thus relieved, will report to the commanding officer, Fort Clark, Texas, for temporary duty at that post.

By direction of the President, Lieutenant-Colonel Samuel M. Horton, Deputy Surgeon General, will report in person to the president of the army retiring board, at San Francisco, California, for examination by the board.

THE physicians of the United States now number 118,453; New York leads with 11,171; Pennsylvania has 9,310, and Illinois ranks third with 8,002.

NEWS AND MISCELLANY.

THE advance of surgery can furnish few more singular illustrations than is supplied by an operation in one of the London hospitals last week whereby the breast of a blackbird was fastened to a woman's face as a substitute for her nose, which had been so damaged that it had to be removed. The woman, who had been housemaid in a hotel, had been struck in the face by a descending lift, which caused the injury that led to the operation. The operation has proved perfectly successful, with every appearance of the woman being provided with a useful nasal appendage, though how it will perform its functions when the cure is complete remains to be seen.

A BOARD of medical officers will meet Monday, April 16, 1894, in Washington, D.C., for the purpose of examining candidates for appointment to the grade of Assistant Surgeon in the Marine Hospital Service.—*Ex.*

THE next meeting of the American Medical Association will be held at San Francisco, on the first Tuesday in June, 1894, instead of on the first Tuesday in May, in order to permit of a discussion of the Code by the various State Societies that meet just before the meeting of the National Association.—*Pub. Opinion.*

THE Arkansas State Board of Health has been given power to revoke the license of any physician who is guilty of habitual drunkenness.

THE Medical and Chirurgical Faculty of Maryland has placed in this dispensaries of Baltimore, cards ten by fourteen inches, reading as follows: "Watch a baby's eyes carefully for a week after birth. If they looked red or run matter, take it at once to a doctor. The child may become blind if not treated properly." The lesson taught by this card should be learned by every one in charge of an infant. No inflammation of an infant's eye is trivial. Home remedies are not to be trusted. Medical advice should be sought at once.—*Popular Health Journal*